



# Restorative Touch Massage Studio

## Client Intake Health Forms & Client Waiver

DATE: \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Text: Y or N

Email \_\_\_\_\_ DOB \_\_\_\_\_

How did you hear about RTMS? \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

### Permission to Contact

1. On occasion we will email you with news and specials about RTMS. Permission to contact? yes no

### **Massage Information:**

Have you had a professional massage before? yes no

What type of massage are you seeking? Relaxation Therapeutic- What pressure do you prefer? Light Medium Deep

Are you sensitive to any fragrances, oils or creams? yes no Explain \_\_\_\_\_

Are there any areas (feet, face, abdomen, etc.) you do not want massaged? yes \_\_\_\_\_

**What are your goals for today?** \_\_\_\_\_

### **Health Information**

Do you suffer from chronic pain? yes no If yes, please explain \_\_\_\_\_

Grief Massage- Any Physical Symptoms \_\_\_\_\_

Are you taking any medications? yes no - If yes please list - also can list on back of page

Medication: \_\_\_\_\_ Purpose: \_\_\_\_\_

Medication: \_\_\_\_\_ Purpose: \_\_\_\_\_

Medication: \_\_\_\_\_ Purpose: \_\_\_\_\_

### **Please circle any condition that you have had in the past or currently.**

**Musculoskeletal** - Joint Replacement - Migraines - Arthritis - Spinal Issues - Osteoporosis - Cancer

**Circulatory/Respiratory** - Heart Condition - High/Low Blood Pressure - Anxiety/Stress - Lymphedema - Blood Clots/DVT

**COVID-19: Date** \_\_\_\_\_ Any Vaccinations in the last 2 days? \_\_\_\_\_

**Skin Conditions Current** - Rashes - Athletes Foot - Toe Fungus/Warts - Infectious Skin

\*\*Please list any other information regarding your health and well being \_\_\_\_\_

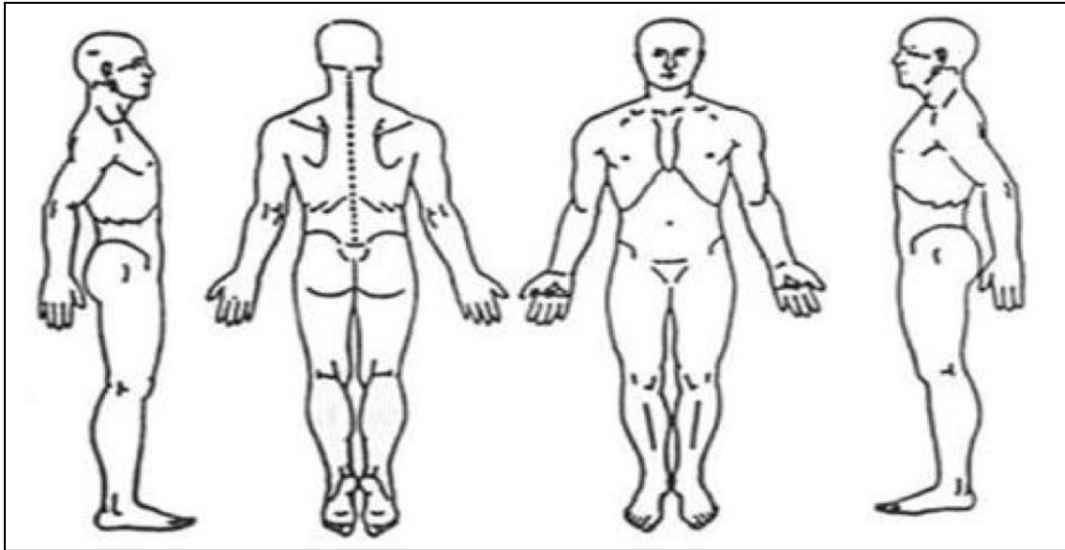
\_\_\_\_\_

\_\_\_\_\_



Please X any areas of discomfort/stiffness/tension/pain

NOTES On Pain Areas:



**Restorative Touch Massage Studio - Client Waiver**

I, \_\_\_\_\_, understand that massage therapy given to me by Pamela Chiasson, LMT is intended to enhance relaxation, reduce pain caused by muscle tension, help increase range of motion, and offer a positive experience of touch. The general benefits of massage, possible massage contraindications & the massage plan have been explained to me. I understand that massage therapy is not a substitute for medical treatment or medications, and that it is recommended that I am concurrently working with my Primary Doctor for any condition I may have. I am aware that the massage therapist does not diagnose illness or disease, prescribe medications or supplements and that spinal manipulations are not part of massage therapy. I have informed the massage therapist of all my known physical conditions/symptoms, medical conditions and medications. I have stated all conditions that I am aware of and this information is true and accurate. I will inform the MT provider of any changes in my status. I give my consent to receive treatment from this practitioner.

**UPDATED COVID-19 Waiver Information**-I also understand, because massage therapy work involves maintained touch and close physical proximity over an extended period of time, there may be an elevated risk of disease transmission, including COVID-19. By signing this form, I acknowledge that I am aware of the risks involved from receiving treatment, I voluntarily agree to assume those risks and I release and hold harmless Pamela Chiasson/Restorative Touch Massage Studio from any claims related thereto.

**Cancellation and No-Show Policy - New Cancellation policy** - We have modified our cancellation policy to offer greater flexibility to all our clients. We hope this will alleviate any stress and hesitation you have about an upcoming appointment. If you need to reschedule for whatever reason, and especially if you are not feeling well, we understand & request for you to please contact us as soon as possible to reschedule. To further support you, there will be no penalties for cancellations at this time. NO SHOWS will be charged 100%.

**Behavior Policy** - RTMS is a professional practice following a strict code of ethics. Massage therapy is for relaxation and therapeutic purposes only. RTMS reserves the right to end the session at any time.

**Client's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_