

Kathryn Kager Massage Therapy
Intake / Health History / Informed Consent

Name _____ Phone (cell) _____

Email _____ Date of birth _____ Occupation _____

How did you find me? _____ Have you had a professional massage? _____

Stress levels this week? (1 –low, 10 –high) _____ I generally like my pressure: gentle medium firm

Medications _____

Any major accidents or surgeries (approximate year) _____

Do you have difficulty lying on your front, back, or side? _____

Do you sit for long hours at a workstation, computer, or driving? _____

Do you perform any repetitive movement in your work, sports, or hobby? _____

What is your primary purpose for being here today? _____

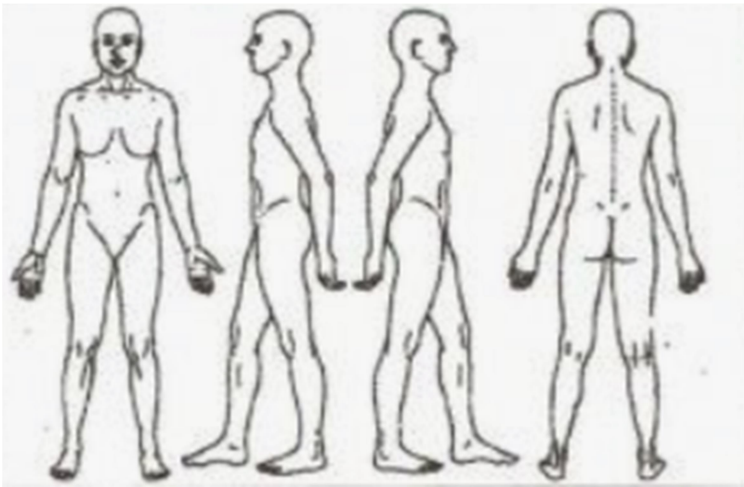
Check any that apply to you:

() cancer () headaches/migraines () skin disorder _____ () heart disease () stroke

() diabetes () high / low blood pressure () blood clots/phlebitis () bursitis/tendonitis/arthritis

() scoliosis () artificial joint () osteoporosis () numbness () anxiety () pregnant () bruise easily

Please mark area(s) of pain or discomfort:



My practice maintains a professional environment and both parties reserve the right to terminate a session in the event of inappropriate behavior, intoxication or sexual advances. Full payment will be collected if the therapist needs to end the session for such reasons.

I understand that massage therapy is intended to enhance relaxation, reduce pain caused by muscle tension, increase range of motion, improve circulation and offer a positive touch experience. I understand that massage therapy is not a substitute for medical diagnosis, treatment or medications, and that it is recommended that I work concurrently with the appropriate healthcare provider for any condition I may have. I have informed my massage therapist of all my known physical conditions, medical conditions and medications, and I will keep her updated on any changes. I understand that 48

hour notice is required for cancellations. Therapist will try to book another client, but the session fee will be charged if the appointment isn't filled. **Thank you!**

Signature

date

Client/therapist relationship will be held in strict confidence