Temple Mend Massage - Claire Brock, LMBT #20546

(336) 467-6529 - claire@templemend.com

Massage and Bodywork Intake

Name:

Sex: Date of Birth:

Address:

Phone: Email:

Occupation: Employer:

Lives With: Children (+ Ages):

Pets: Caretaker for:

How did you hear about me and this work?

Health Basics

Primary reason for this visit? Describe concerns and what you would like to achieve.

Do you consider yourself to live a sedentary, moderately active, or highly active lifestyle?

What exercise, strengthening or stretch practices do you enjoy and engage in?

Where do you find joy? How do you manage stress?

Do you have a faith or spiritual practice? If so, would you be willing to share about this?

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A little bit of History

Are you taking any medications, supplements, natural remedies?

Have you experienced any of the following?

Surgery

Accidents

Injuries to sacrum/ head/ tailbone

Concerns

Do you, or have you ever suffered from any of the following:

- ☐ Headache
- ☐ Herniated/bulging discs
- ☐ Neck/shoulder tension
- ☐ Lower back pain
- ☐ Sciatica
- ☐ TMJ
- ☐ Nerve pain
- ☐ Numbness
- ☐ Painful/swollen joints
- ☐ Sinus conditions/colds
- ☐ Seizures
- ☐ Skin conditions
- ☐ High/low blood pressure
- ☐ Anxiety
- ☐ Depression
- ☐ Sleep disturbance
- ☐ Traumatic brain injury
- ☐ Cancer
- ☐ Hemmorrhoids
- ☐ Gut issues
- ☐ Trauma
- ☐ Difficulty with bowel movement
- ☐ PCOS
- ☐ Uterine fibroids
- ☐ Endometriosis
- ☐ C-section
- ☐ Scar Tissue

Please give details:

Anything else you wish to share?

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Client-Therapist Agreements and Liability Release

___ I agree that a 24-hour notice is required for cancellation of an appointment, or there will be a charge of 50% of the session fee for the appointment. If an appointment is missed without notification (no-call/no-show), the session will be charged in full; payment will be required in advance for all future appointments.

___ I agree that appointment times are as scheduled and cannot extend beyond the stated ending time to accommodate late arrivals.

____ I understand that the therapist is sensitive to chemical fragrances and no perfumes or commercial deodorants with strong scents should be worn to the session.

____ I understand that the massage service offered is for therapeutic purposes only, in regards to general wellness, stress reduction, and relief of muscular tension. I understand the risks associated with massage therapy include, but are not limited to, superficial bruising, short-term muscle soreness, and exacerbation of undiscovered injury or illness.

____ I have been given the opportunity to ask questions about massage therapy and my questions have been answered to my satisfaction.

___ If I experience pain or discomfort, I will immediately inform my therapist so that the pressure or techniques can be adjusted to my comfort level. I will not hold my massage therapist responsible for any pain or discomfort I experience during or after the session.

___ I have provided my therapist with an accurate and complete medical history and agree to inform my therapist of any new diagnoses, or changes in my health or medications. I do not have any injuries or conditions that prevent me from receiving massage therapy.

___ I understand that I or my therapist may terminate the session at any time. I further understand that massage therapy is not a substitute for medical or specialized treatment. I understand that massage therapists do not diagnose illness or disease, and nothing said during the treatment should be construed as such.

By signing this form I agree to the conditions as outlined above, and I release the massage therapist, Claire Brock, and Temple Mend Massage for any harm that may unintentionally result from this treatment.

_____ _____/ _____/ _____

Client Name (Please Print) Date

_____

Client Signature