Temple Mend
MASSAGE

Intake and Liability Release for Therapeutic Bodywork

Please fill and return to claire@templemend.com at your earliest convenience, along with any questions you may have.

Name:

Date of Birth:

Phone:

Email:

Occupation + Employer:

Residential Address:

With whom do you live, who do you take care of, and who takes care of you? (i.e. single, married, pets kids):

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 spiritual practice or religion you are willing to share about?

How is your sleep and digestion these days?

Medical History

Have you experienced surgeries, accidents, or injuries? Do you have any myoskeletal issues, skin conditions, or medical conditions that I need to know about? Please share details especially regarding pain and sites of injury.

Client-Therapist Agreements and Liability Release

___ I agree that appointment times are as scheduled and cannot extend beyond the stated ending time to accommodate late arrivals.
___ I agree to cancel or reschedule 48 hours before an appointment when possible, and to pay the fees for late cancellations within 24 hours ($45) and no shows (full session).
____ 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.. 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