

Exhale



MASSAGE AND YOGA
www.exhale.massagetherapy.com
610-271-8170

Client Intake

Client Information:

Name: _____

Mobile Phone Number: _____

Email Address: _____

Home Address: _____

Date of Birth: _____

Occupation: _____

Emergency Contact (name, phone#): _____

Session Information:

How did you hear about us? (If referred, by whom?) _____

Have you had bodywork before (whether massage, Reiki, etc)? Yes___ No___

If yes, frequency of sessions: _____

What is your reason for seeking treatment today? If you are experiencing any pain or discomfort, please be as specific as possible.

Please list any other injury/current health condition/chronic pain:

Are you pregnant? Yes___ No___ If so, when are you due? _____

Any complications with this or any other pregnancy? _____

Are you currently under any medical supervision, including chiropractic care? _____

Please list any medications you are taking:

Circle any of the following conditions that apply to you:

contagious skin condition
open sores or wounds
easy bruising
recent accident or injury
recent fracture
recent surgery
artificial joint
current fever
heart condition
high blood pressure
low blood pressure
varicose veins

osteoporosis
epilepsy
headaches/migraines
cancer
diabetes
fibromyalgia
herniated/ruptured discs
TMJ
circulatory disorder
blood clots/deep vein thrombosis
joint disorder/arthritis
topical ingredient allergies

Please state any conditions not listed above, as well as provide details about any applicable condition:

What type of pressure/intensity do you enjoy during your massage?

For Reiki sessions:

Are there any emotional or spiritual issues that you are seeking to improve or heal through your session? If you feel comfortable doing so, please feel free to give a brief summary here or discuss with your practitioner:

For Reiki and Thai sessions, client remains fully clothed. For all other sessions, draping will be used- only the area being worked on will be uncovered, and any area that would be covered by a skimpy/"cheeky" bathing suit will always stay covered. Clients under the age of 18 must be accompanied by a parent or legal guardian during the entire session. Informed written consent must be provided by parent or legal guardian for any client under the age of 18.

Payment, Policies and other Housekeeping:

*Please communicate with your therapist! They will check in with you periodically regarding pressure and intensity, but please let them know at any time if there is a way to make your session more comfortable. Better communication equals better sessions for you 😊

*We accept all major credit cards, cash and Venmo (always) appreciated, and FSA/HSA cards (let us know if you are using this option)

*As far as policies, all we ask is that you treat us the way you would like to be treated! **24 hour notice is requested of all cancellations. If you need to cancel less than 24 hours before your session start time, know that we work to be understanding of emergencies, but last minute cancellations (not emergency or illness-related) and no-shows will be expected to pay up to the full amount of their session fee, as you have already reserved our time.** Remember, we are a small, appointment-based business, and that 24 hour window is essential to ensure that we have the best chance of filling your spot. Please let us know if you have any questions about this policy.

I, _____ **(print name)**, understand that the bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage should not be construed as a substitute for medical examination or diagnosis. Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there should be no liability on the therapist's part should I fail to do so. By signing this release, I hereby waive and release my therapist from any and all liability, past, present, and future relating to massage therapy and bodywork.

I have read the COVID-19 policy and precautions for this practice. I understand that preventative measures and intensified sanitation protocols intended to reduce the spread of COVID-19 have been implemented. However, risk cannot be entirely eliminated. I knowingly and willingly consent to the treatment with the full understanding and disclosure of the risks associated with receiving care during the COVID-19 pandemic, and by signing below, agree to all statements made above. I intend this consent to cover the entire course of care from all providers in this office, for all current and future sessions.

I have also read the privacy, payment, and cancellation policies of Exhale Massage and Yoga and agree to abide by all such policies, acknowledging that they may be modified at any time.

Signature of client: _____ **Date:** _____

Thank you, and have a wonderful session!