

TEMPLEWORK LA



Intake Form

Name _____ DOB _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Occupation _____

Emergency contact:

Name _____ Phone _____

Who referred you? _____

How often do you have massage? **weekly monthly other**

What style have you preferred? _____

Medical information:

Are you currently seeking medical attention? Yes No

If so, please list reason for treatment _____

Have you had any surgeries, or take medications you think we should know about?

What are you current reasons for seeing us?

___ chronic pain ___ muscle strain/sprain

___ back pain ___ neck pain

___ stress ___ relaxation

Are you physically active?

Hiking biking running swimming weight training yoga walking

Signature _____ Date _____

*“Would you be interested in receiving **SMS/TEXT** messages from us about occasional events at our studio or last-minute promotions?”*

YES or NO

Massage Informed Consent

Please read and sign the acknowledgement below:

I understand that massage and bodywork practitioners are not medical doctors and do not diagnose illness, disease, or any physical or mental disorder. I acknowledge that massage is not a substitute for medical treatment, and it is recommended I see a primary healthcare provider for that service. I understand that it is my responsibility to communicate with my therapist if I have concerns or questions about my session.

I understand my feedback is essential in my treatment. I will bring to my therapists' attention anytime I become uncomfortable and will request the session be modified, temporarily suspended, or brought to an end.

I understand this is a therapeutic massage and any sexual remarks or advances will terminate the session immediately.

The following sometimes occurs during massage or bodywork/craniosacral therapy and or energy work. Trust your body to express what it needs to:

*Need to move or change position * signing, yawning, change in breathing * stomach gurgling * emotional feelings and/or expression * movement of intestinal gas * nausea * energy shifts * falling asleep * memories*

By my signature, I consent to receive massage therapy, bodywork/craniosacral or energy work.

Signature: _____ Date: _____

Print Name: _____
