

MESSAGE INTAKE FORM

Bodywork by Janelle Ferber, FL Lic. MA90949, Est. Lic. #MM41335

Date: _____

Name: _____ DOB: _____

Address: _____ Occupation: _____

Contact Number: _____

Emergency Contact (name and number) : _____

Allergies: _____

Any injuries in 72 hrs.? Yes _____ No _____

Explain: _____

Current medications: _____

Have you had Massage Therapy Before? Yes _____ No _____

What are your goals for this bodywork session?

Please indicate any of the following that apply to you:

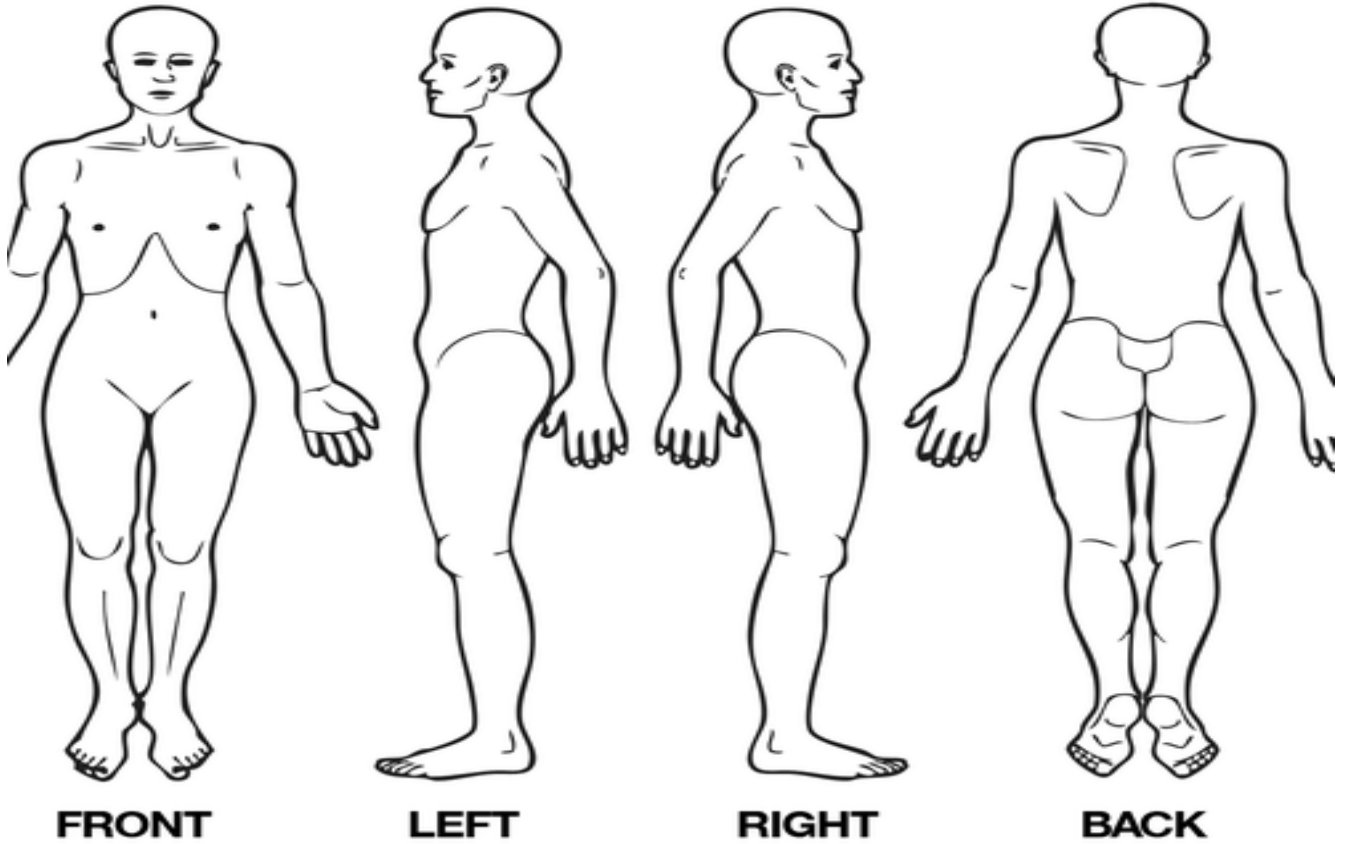
- Cancer Headaches/Migraines Arthritis Diabetes
- Joint Replacement(s) High/Low Blood Pressure Neuropathy Fibromyalgia
- Stroke Heart Attack Kidney Dysfunction Blood Clots Numbness
- Sprains or Strains Pregnant

Explain any conditions above:

MASSAGE INTAKE FORM

Please put an X in areas you DO NOT want massaged

Please Circle areas you WANT to focus on



Client signature: _____ Date: _____

Therapist Signature: _____ Date: _____

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General Liability Release Form for Kayla Janelle Ferber Massage Services

FL Lic. MA90949, Est. Lic. #MM41335

By signing below, you agree to the following:

- 1) I give my permission to receive massage therapy.
- 2) I understand that therapeutic massage is not a substitute for traditional medical treatment or medications.
- 3) I understand that the massage therapist does not diagnose illnesses or injuries or prescribe medications.
- 4) I have clearance from my physician to receive massage therapy.
- 5) I understand the risks associated with massage therapy include, but are not limited to:
 - Superficial bruising
 - Short-term muscle soreness
 - Exacerbation of undiscovered injury

I therefore release the company and the individual massage therapist from all liability concerning these injuries that may occur during the massage session.

- 6) I understand the importance of informing my massage therapist of all medical conditions and medications I am taking, and to let the massage therapist know about any changes to these. I understand that there may be additional risks based on my physical condition. ^{L}_{SEP}
- 7) I understand that it is my responsibility to inform my massage therapist of any discomfort I may feel during the massage session so he/she may adjust accordingly.
- 8) I understand that I or the massage therapist may terminate the session at any time. ^{L}_{SEP}
- 9) I have been given a chance to ask questions about the massage therapy session and my questions have been answered. ^{L}_{SEP}

Client Signature

Date