

Please fill out my intake form to the best of your ability, and sign the consent after reviewing each section

Consent for Massage Therapy

I am choosing to receive Massage therapy, and I consent to receive treatment. I have provided my therapist with all information regarding my health conditions I am aware of and will update my therapist of any changes in my health. I have read (and initialed where appropriate) each section of this intake form.

| Signature of client For minors, please add the signature of a parent or legal | | Date | |
|---|--|--|---|
| For minors, please a | idd the signature of a parent or i | egai guardian: | |
| Signature Rela | ationship | Date | |
| Client inform | ation | | |
| Name | | Birth date | |
| | | | |
| | State | Zip | |
| Phone: | | nail | |
| Occupation | | | |
| Emergency Contact | | phone | _ |
| relatio | | | |
| How did you hear | about Massage For Seattle | | |
| Have you had ma | ssage therapy before | Approximate date of last massage | |
| Goals for this mas | ssage session | | |
| Client basic h | ealth information | | |
| For section below, (| Check☑ if Yes and please make o | comments below. | |
| · | ently have a fever, infection, infl ntagious disease? | lammation, skin rash, athlete's foot, warts, | |
| | ently have a headache, any mus | | |
| | | that you often have, but not right now? | |
| | ny other problems or conditions | with your muscles? | |
| • | e any allergies? gnant, recently pregnant or nurs | ning? | |
| Are you pre | gnant, recently pregnant or hurs | אווואנ | |

| | Do you have any respiratory system conditions? |
|----------|---|
| | Do you have any problems or conditions with your bones? |
| | Do you have any heart or circulatory system conditions? |
| | Do you have any problems or conditions with your immune system? |
| | Do you have any Endocrine system conditions? |
| | Do you have any nervous system conditions? |
| | Do you have any medical implants |
| | |
| | |
| Injuries | , Surgeries, Major Illnesses - date and treatment provided: |
| | |
| current | medications: |
| | |
| Solf Car | re and Stress Poduction techniques: |

Table temperature, and other adjustable considerations.

Adjustable arm rest etc.

If you like your arms forward and supported, please ask for the armrest to be adjusted.

Likewise, the face cradle is adjustable, eye pillows and body cushions are available, and the table can be set up so you can be semi-recumbent. My goal is that you are comfortable safe and secure.



Also, please let me know if you prefer the table to be warmer or cooler. I usually have it set above body temperature unless I know in advance to shut it off or raise it up. Adding a towel or blanket is also an option. Sadly, the room itself is not as easy to adjust.

Non-Standard Draping

I use standard draping techniques for most of my clients but I do some massage styles that call for non-standard draping. I also believe it is your right to be as comfortable as possible. Communication between you and your therapist is very important and having that communication prior to the massage is the most ethical way to approach this. Hence this form: a guide for discussion and a CYA for me for those clients who don't want to cover theirs.

Please consider your level of comfort and modesty and choose the draping style(s) that works best for you and allows you to have the minimal amount of clothes on to be comfortable. Naked under the sheets with standard draping should maintain both warmth and modestly. Please initial where appropriate. Do not request a less modest draping style after you are already on the table and under the top sheet unless you are having an emergency situation. That is, even if you want to begin with draping if you know you might not want the top sheet at some point, let me know **before** the massage begins. Removing your own sheet without prior consent is grounds to stop the massage.

<u>Section A (Non Standard draping for Client comfort):</u>

| No draping at all. | |
|--|---|
| Just like it says | |
| Loose draping for war | |
| Control of the Contro | our draping preference is about maintaining warmth, but you like having the eets looser and aren't concerned about inadvertent exposure of your body. |
| SII | eets looser and aren't concerned about madvertent exposure or your body. |
| Ot | ther |
| Section B (Non-standa | rd breast drape) |
| | I use a breast drape for working on the abdoman of clients with |
| | breasts.Let me know if you do not want one used |
| | |
| Section C (Non-Standa | urd for Lomi Lomi) |
| - | a sarong as the drape. Most of the massage time it is folded up to cover the out at points it is fanned over and off the client |
| • | a bit more coverage while the sarong is fanned, a hand towel can be set under sarong is removed, the towel stays in place |
| For Lomi clients I gene me know | erally do not use a breast drape If you want one please let |
| Section D (SARGA Bare | efoot massage variation) |
| me to access the tissues | of the lower back, the glutes and thighs while still being comfortable and secure me to get on and off the table multiple times |

Privacy Practices

The full policy is posted in the "About us" section of the Massage For Seattle Inc. website. The short version is:

Hardcopy records will be maintained in a confidential manner when not in use by the practitioner. Client records will be stored for a period of three years (pursuant to WAC 246-830-570) from the date of the client's most recent massage service at MFS. After three years the client records will be destroyed