

# New Client Intake Form

*(All information will be kept confidential)*



## Integrative Massage of Boulder

Name \_\_\_\_\_ Date of Birth 

M	M	D	D	Y	Y

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email address \_\_\_\_\_

Occupation \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

What are the results that you hope to experience from this massage session (functional improvement, symptom relief, wellness?)

\_\_\_\_\_

Any sensitivities or specific preferences regarding the massage (amount of pressure, lotion/oil, etc.)?

\_\_\_\_\_

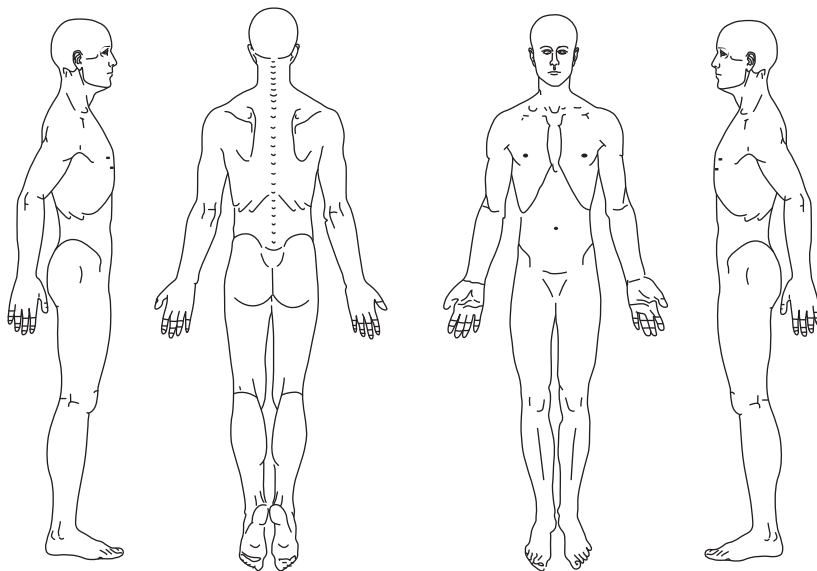
Please list all medications that you currently take: \_\_\_\_\_

Please list any accidents, injuries, surgeries or hospitalizations in the past 5 years: \_\_\_\_\_

\_\_\_\_\_

Current physical activities (affected by condition?): \_\_\_\_\_

*Please circle any areas of pain or injury on the diagram:*



I understand that the massage I receive is provided for the basic purposes of relaxation and relief of muscular tension. If I experience any pain or discomfort during my sessions, I will immediately inform the practitioner 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, diagnosis or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any ailment that I am aware of.

I understand that massage practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness and that nothing said in the course of the sessions given should be construed as such. Because massage should not be performed under certain medical conditions, I affirm that I have listed all my known medical conditions and answered all questions honestly. I agree to keep my practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. If I have a specific medical condition or specific symptoms, massage may be contraindicated and a referral from my doctor may be required prior to service being provided. I understand that Integrative Massage of Boulder has a 24-hour cancellation policy and I will be liable for full payment for any appointments cancelled after this time.

Client's Signature \_\_\_\_\_ Date \_\_\_\_\_