LiveFree MASSAGE

Client Intake Form

Name			Date
Occupation			
Date of Birth	Age	M / F	Referred By

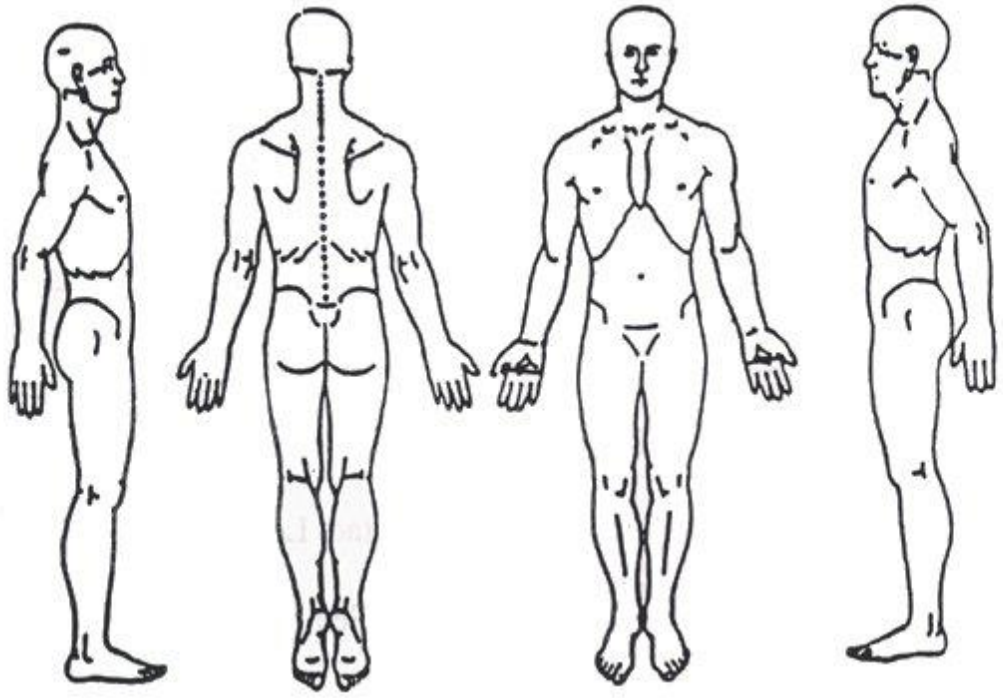
Street Address 1		
Street Address 2		
City	State	Zip
Phone	Email	

1) What is you major area of concern?
2) What brought it on?
3) What aggravates it?
4) How long have you had this issue?
5) Have you been to a physician or doctor about this issue? ☐ Yes ☐ No (skip to question 6)
5 a) What was the diagnosis?
5 b) What were the treatments, if any?
5 c) Were the treatments effective?
6) List any allergies you have (including allergies to lotions or essential oils):
7) List types of exercise or sports you currently engage in (e.g. weight lifting, tennis, running):
8) List any major injuries, surgeries, or physical conditions you have had in the last 3 years:

9) Check all conditions that apply to you:

☐ Headaches / Migraines	☐ Jaw pain / TMJ	☐ Cancer
☐ Skin conditions	☐ Diabetes	☐ Anxiety
☐ High / Low blood pressure	☐ Blood clots	☐ Fibromyalgia
☐ Pregnant	☐ Varicose veins	☐ Arthritis
☐ Herniated / Bulged disc	☐ Sleep difficulties	☐ Tendonitis

10) Please circle any location(s) on the body map below where you feel pain, numbness, or tingling:



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Client Consent Form

I understand that the massage treatment given to me by **LiveFree Massage** is for the purpose(s) of stress reduction, pain reduction, relief from muscle tension, increasing circulation, increasing range of motion, or specific reasons stated here.

I understand that the massage therapist does not diagnose illness or disease and does not prescribe medical treatment or pharmaceuticals.

I understand that massage therapy is not a substitute for medical care and that it is recommended that I work with my primary caregiver for any condition I may have.

I have stated all my known physical conditions and medications, and I will keep the massage therapist updated on any changes.

If I experience any pain or discomfort during the session, I will immediately communicate this to the therapist so the treatment can be adjusted.

Late Arrivals

All scheduled sessions begin and end on time, and appointment times have been arranged specifically for you. If arriving late, your session may be shortened in order to accommodate following appointments. Regardless of the length of the treatment actually received, the client is responsible for the full scheduled service price.

Payment

Cash, Check, MasterCard, VISA and American Express are accepted. There is a $25 returned check fee. Payment is required at the time of services are rendered.

Scheduling and No Show Policy

All reschedule or cancellation requests must be submitted by phone or text since email may not be received in sufficient time to book other appointments. Cancellations require at least a 12 hour notice. No fee will be charged for the first late cancellation offense. The second offense will be charged a $40 fee. Any and all subsequent offenses after the second missed appointment will be charged the full amount due. In the event of an emergency, any notice is appreciated. Fees may or may not apply for emergency cancellations at the sole discretion of **LiveFree Massage**.

_____ _____

Signature Date

For Minors Only

_____ _____

Print Name of Parent or Legal Guardian Print Name of Client

_____

Print Relationship to Client