

Massage Therapy Intake Form

Name: _____ Pronouns: _____ Date of birth: _____

Address: _____

Phone #: _____ Email: _____ Occupation: _____

Emergency contact: _____ Emergency contact phone #: _____

Health Information:

Are you currently being treated by a physician for a medical condition? Yes No If yes, please explain:

Are you pregnant? Yes No

If yes, how many weeks? _____

List major accidents or surgeries: _____

List current medications: _____

List allergies/sensitivities: _____

Please indicate if any of the following below apply to you currently or in the recent past:

- | | |
|--|--|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Headaches/migraines |
| <input type="checkbox"/> Cardiovascular issues | <input type="checkbox"/> Autoimmune disease |
| <input type="checkbox"/> TMJ dysfunction | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Kidney dysfunction | <input type="checkbox"/> Neuropathy/numbness |
| <input type="checkbox"/> Blood clots | <input type="checkbox"/> Emotional trauma |
| <input type="checkbox"/> Dizziness/vertigo | <input type="checkbox"/> Joint replacements |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Sleeping problems | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Digestive issues | <input type="checkbox"/> Other |

Explain any conditions marked above: _____

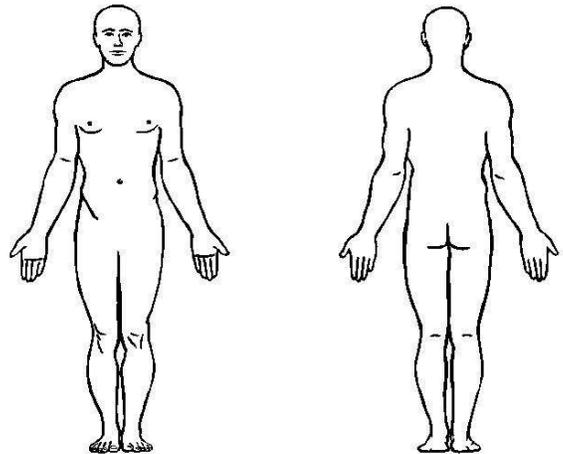
Massage Information:

Have you had a professional massage before? Yes No

Primary complaint/reason for seeking care: _____

What is your goal for this massage session?

Are there areas of your body you prefer not to be massaged?



Circle any areas of discomfort/pain

I have completed this form to the best of my ability and agree to inform my massage therapist of any changes to my health or contact information.

Signature: _____

Date: _____

Savannah Travis, LMT: Policies and Procedures

1. Lateness, Cancellation and No-Show:

Appointment times are as scheduled and cannot extend beyond the stated time. If a client is late to their appointment or leaves early, they will be charged for the full price of the massage.

Clients must cancel or reschedule appointments at least 1 day (24 hours) in advance. This can be done by calling/texting 206-618-0882. If a client cancels within 24 hours or fails to show up for a scheduled visit, Savannah Travis, LMT reserves the right to charge the client for the full price of the scheduled massage through electronic invoice. If cancellation/rescheduling is due to an emergency, the client must notify Savannah Travis, LMT and may not be charged.

2. Sickness:

Clients must cancel massage appointments if they have any symptoms of infectious or contagious illness. If clients have symptoms of COVID-19 or have been exposed to COVID-19 within the past 10 days, please contact Savannah Travis, LMT immediately and reschedule upcoming appointments.

3. Financial Responsibility:

Payment is due at the time of service. Accepted forms of payment include cash, checks, all major credit/debit cards, Health Savings Account cards, and Flexible Spending Account cards. Insurance is not accepted, but a superbill may be available upon request. Clients should not feel obligated to tip as the service price reflects the expected total – additional tipping is appreciated but not required or expected.

4. Client Rights and Responsibilities:

The client is responsible for informing Savannah Travis, LMT of any health conditions, health changes, medications, injuries or illnesses that may make massage unsafe. Clients will undress to their individual comfort level and may remain for the massage. The client will be professionally draped for the massage and clients may stop the massage at any time. The client is responsible for verbally informing Savannah Travis, LMT if they are experiencing physical or emotional discomfort during the massage so that the pressure, strokes and/or modality may be adjusted.

Massage therapy services are intended for healing and relaxation purposes only. Sexual remarks or advances will not be tolerated and will result in immediate termination of the session. The client will be liable for payment of the terminated appointment, reported to the appropriate authorities, and not allowed to reschedule.

5. Informed Consent:

The client consents for Savannah Travis, LMT to securely store personal health information in compliance with HIPAA guidelines for the purpose of providing safe, informed massage therapy treatments. The client understands that Savannah Travis, LMT must perform massage services within her scope of practice outlined by the Washington State Legislature Chapter 18.108 RCW. Therefore, Savannah Travis, LMT is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness. The client understands that massage/bodywork should not be construed as a substitute for medical care.

I understand and agree to these terms and have had the opportunity to ask questions.

Signature: _____ Date: _____