

# Massage Therapy

## CLIENT INTAKE FORM

Name \_\_\_\_\_ Date \_\_\_\_\_ VRC \_\_\_\_\_  
Address \_\_\_\_\_ Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_  
Phone \_\_\_\_\_ Therapist \_\_\_\_\_  
DOB \_\_\_\_\_ Employment \_\_\_\_\_

**\*\*Please answer the questions below.**

---

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

Have you received massage therapy or bodywork before? ☐ Yes ☐ No

Are you on any medication? ☐ Yes ☐ No If yes, which ones \_\_\_\_\_

Do you exercise? ☐ Yes ☐ No If yes, how many times per week? \_\_\_\_\_ How many hours? \_\_\_\_\_

**\*\*Please mark any of the following conditions you may currently have.**

---

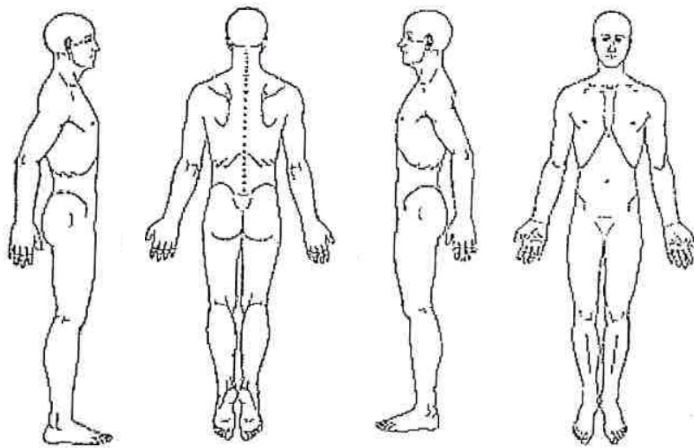
- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Spinal Pain                  | <input type="checkbox"/> Alcohol within 24hrs    | <input type="checkbox"/> Recent surgery         |
| <input type="checkbox"/> Infection                    | <input type="checkbox"/> Infectious Disease      | <input type="checkbox"/> Open wounds            |
| <input type="checkbox"/> Scoliosis                    | <input type="checkbox"/> Heart Condition         | <input type="checkbox"/> Osteoporosis           |
| <input type="checkbox"/> Allergies to oils or lotions | <input type="checkbox"/> Contact Lenses          | <input type="checkbox"/> Chronic pains          |
| <input type="checkbox"/> Sinus congestion             | <input type="checkbox"/> Diabetes                | <input type="checkbox"/> Blood clot             |
| <input type="checkbox"/> Headaches                    | <input type="checkbox"/> High/Low Blood pressure | <input type="checkbox"/> Fever within 24hrs     |
| <input type="checkbox"/> Impetigo                     | <input type="checkbox"/> Varicose veins          | <input type="checkbox"/> Wear contacts          |
| <input type="checkbox"/> Migraines                    | <input type="checkbox"/> Cancer                  | <input type="checkbox"/> Others, please specify |
| <input type="checkbox"/> Skin disorders               | <input type="checkbox"/> Seizure                 | _____   |
| <input type="checkbox"/> Arthritis                    | <input type="checkbox"/> Pregnant                | _____   |
| <input type="checkbox"/> Stroke                       | <input type="checkbox"/> Skin Condition          | _____   |
- 

I understand that massage therapy is for the purpose of stress reduction, relief from muscular tension or spasm, or for increasing circulation. I understand that the massage therapist does not diagnose illness, disease or any other physical or mental disorder. The massage therapist does not prescribe medical treatment nor perform spinal manipulations. I will inform the therapist of my current condition at the time of each visit.

Signature \_\_\_\_\_

**Cherry City Chiropractic 685 36th Ave NE Salem Oregon 97301**

Please Mark the areas on the diagram with the following:



- R= Radiating
- B= Burning
- D= Dull A= Aching
- N= Numbness
- S= Sharp/ Stabbing
- T= Tingling

What aggravates this pain?

---



---

What relieves this pain?

---



---

**What other things have you tried to resolve the condition?  
(circle ones that apply)**

Physical Therapy / Personal Training / Chiropractic / Medical Doctor  
Acupuncture / Cold Laser / Infrared Sauna / Massage

Have you been in a motor vehicle  
accident in the last year?  
YES/NO

## Therapist Intake form:

Have you had massage therapy before?	What do you spend most of your time doing?
What is happening in your body that prompted you to seek Massage Therapy?	Explain your pain to me:
What other modalities have you sought for relief?	What are your expectations for treatment?

# Policy Notifications

We appreciate that you've chosen us for your massage and bodywork needs. To provide the best service possible to our patients, we have implemented the following policy updates.

Please initial next to each policy.

☐

## **Inappropriate Behavior Policy**

Massage Therapy is for relaxation and therapeutic purposes only. There is absolutely no sexual component to massage whatsoever.

Proper draping techniques will also be followed, please do NOT ask us to alter our draping policy. Any insinuation, joke, gesture, conversation, or request otherwise will result in immediate termination of your session and a refusal of any and all services in the future. You will be charged the full session fee regardless of the length of your session.

Depending on the behavior exhibited we may also file a report with the local authorities, if necessary. Treat your therapist with respect and dignity and you will be treated the same in return. All patients will need to wear undergarments (boxers, briefs, underwear; bras optional) during the massage session. If you don't have any on, you may leave your bottoms on or shorts will be provided to you.

☐

## **Reschedule -- Cancellation Policy**

We respectfully ask that you provide us with a 24-hr notice of any schedule changes or cancellation requests. Please understand that when you cancel or miss your appointments without providing a 24-hr notice, we are often unable to fill that appointment time. This is an inconvenience to your therapist and our other patients miss the chance to receive services they need.

For this reason, you will be charged a \$45 Less than 24-hr Cancellation/ No Show Fee. We also reserve the right to require a credit/debit card number to be given to book future appointments so that appropriate fees may be charged if a late cancellation does occur. We appreciate your understanding that we may need to reschedule your appointment last minute due to events out of our control.

☐

## **Late Arrival Policy**

We request that you arrive 15 minutes prior to your appointment time to allow time to fill out any required paperwork as well as answer any intake questions you or your therapist might have.

We understand that issues can arise that may cause you to be late for your appointment. However, we ask that you call to inform us if this ever occurs so we can do our best to accommodate you. Appointment times are reserved for each patient, so oftentimes we cannot exceed that reserved time without making the next patient late. For this reason, arriving after your appointment time may result in loss of time from your massage so that your session ends at the scheduled time. Full-service fees will be charged even when sessions are shortened due to late arrival. In return, we will do our best to be on time, and if we are unable to do so, we will add time to your current session or a future session. If we are unable to adjust times, we will adjust the fees associated with your massage session.

By signing below, you agree to abide by these policies.

(Print Name) \_\_\_\_\_

(Patient Signature) \_\_\_\_\_

(Date) \_\_\_\_\_