

Modern Massage Intake Form:

Contact Information:

Name: _____ Pronouns: _____ Date: _____
Phone number: _____ Email address: _____
Emergency contact name: _____
Emergency contact phone number: _____
How did you hear about Modern Massage? _____
Address: _____
City: _____ State: _____ Zip: _____

Health and bodywork history:

Date of birth: _____ Occupation: _____
Have you had massage previously? If yes, how frequently do you get massage?

I am interested in (please check all that apply):

- Massage to promote relaxation and maintain general well-being
- Therapeutic massage to facilitate recovery from injury, chronic pain, surgery, etc.
- Other (such as sports massage, prenatal massage, etc.): _____

Please describe bodywork goals or areas of focus, if any:

Do you have any difficulty lying on your front, back, or side? _____

Do you have difficulty distinguishing between hot or cold? Y N

Are you wearing contact lenses? Y N

Are you pregnant? Y N

Do you have any medical conditions or injuries that the practitioner needs to know about?

Do you have any allergies? If yes, please list all. Include any allergies to massage oils or lotions:

Are you taking any medications (including nutritional supplements)? If yes, please list all:

Please check any of the following conditions that apply:

- | | |
|---|---|
| <input type="checkbox"/> Numbness or tingling | <input type="checkbox"/> Swelling |
| <input type="checkbox"/> High/Low blood pressure | <input type="checkbox"/> Stroke, heart attack |
| <input type="checkbox"/> Claustrophobia | <input type="checkbox"/> Shortness of breath, asthma |
| <input type="checkbox"/> Neurological conditions (e.g. MS, Parkinson's, chronic pain) | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Epilepsy, seizures | <input type="checkbox"/> Headaches, migraines |
| <input type="checkbox"/> Dizziness, ringing in the ears | <input type="checkbox"/> Arthritis (rheumatoid, osteoarthritis) |
| <input type="checkbox"/> Osteoporosis, degenerative spine/disk | <input type="checkbox"/> Scoliosis |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Endocrine/thyroid conditions | <input type="checkbox"/> Depression, anxiety |

Do you have any of the following? Please keep Modern Massage informed now and in the future to help ensure the health and hygiene of others:

COVID Cold Flu Fever Rash Any other infection or contagious disease

Is there anything else about your health history that you think would be helpful for the practitioner to know, in order to plan a safe and effective session for you?

This intake form will be followed by a verbal intake. Please select your preference:

I am interested in scheduling a no-charge, 15-20 minute Zoom consultation prior to booking my first appointment. I would prefer to ask some more in-depth questions in advance, without running into my bodywork time during my first appointment. (This option is ideal for clients who want to address chronic pain and injuries, or who have more complex needs that are best prepared for in advance, or who want to learn more about how massage could help them reach their specific wellness goals.)

I would prefer to skip the Zoom consultation, and would rather schedule my first appointment as soon as possible. I am ok with (or would prefer) spending about 5 minutes before my appointment briefly discussing my goals and needs in person. (This option is ideal for clients looking mainly for relaxation and/or maintenance massage.)

Consent for care:

I understand that the massage I receive is provided for the basic purpose of relaxation, relief of muscular tension, and/or the promotion of healing in injured tissue. If I experience any pain or discomfort during this session, I will immediately inform the therapist 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 or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness. Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep Modern Massage updated as to any changes in my medical profile. I understand that I am receiving massage therapy at my own risk. In the event that I become injured either directly or indirectly as a result, in whole or in part, of the aforesaid massage therapy, I hereby hold harmless and indemnify the therapist, their principals, and agents from all claims and liability whatsoever.

Initials: _____

Payment, booking, and cancellation policies:

I understand that payment is due at the time of treatment unless arrangements have been made otherwise. Initials: _____

I agree to give at least 24 hours notice to reschedule or cancel any appointment, otherwise I will be expected to pay for the scheduled session. If I do not provide sufficient notice, I authorize my credit card on file, or any other payment method on file, to be charged for the full price of my scheduled service, including having pre-paid services deducted from my account. If I arrive late for a scheduled appointment, Modern Massage has the right to refuse service or reduce the length of the service to ensure that the next scheduled appointment is not delayed. Initials: _____

In the event of sudden onset of illness within the 24 hour cancellation period, including COVID, colds, flu, fever, skin rashes, and any other symptoms indicative of contagious illness, I will promptly notify Modern Massage of my illness so that my appointment can be rescheduled without charge. I acknowledge that any suspected abuse of this lenience within the Modern Massage cancellation policy will result in the termination of any future sessions I might have scheduled with Modern Massage. Initials: _____

CURRENT COVID SAFETY PROTOCOL:

1. When you arrive for your appointment I will request to take your temperature with a contactless thermometer, and ask if you are experiencing any symptoms of COVID. If you need to cancel late (less than 24 hrs notice) due to illness, any symptoms of COVID-19, and/or possible exposure to COVID-19, there will be no charge. Other than this, late cancellation (as noted above) requires full payment for any appointment canceled or rescheduled within the 24hr period.

2. I schedule clients at least 30 minutes apart to allow for the room to air out between appointments. Before each session I thoroughly sanitize the massage table liner and the face cradle before placing fresh sheets on the table. Clients may decide how they would like the face cradle covered during their massage:

Option 1: Regular face cradle cover; masking required while face-down as well as face-up.

Option 2: Double-lined pillow cases used to form a face cradle pocket/cloth barrier; masking optional while lying face-down, required while face-up.

WEST SEATTLE: Before and during your appointment, I will keep several windows open for ventilation, as well as running a HEPA air filter, and a heater/fan as needed for temperature control. During your appointment, we will both be masked (covering nose and mouth).

VASHON: This location does not have windows for fresh air exchange, but I do run a HEPA air filter during my work day. This location is a shared space, and masking is not required in the building. However, I do require clients to mask (covering nose and mouth) while in my office.

Thank you for your understanding and consideration; if you have any questions, feel free to email me at modmassageSeattle@gmail.com! Initials: _____

Signature: _____ Date _____