

*Aalto Enhancement Center*

*Confidential Client Information*

**Massage/Body Work Intake Form**

*Today's Date:* \_\_\_\_\_

*Name:* \_\_\_\_\_ *DOB:* \_\_\_\_\_ *Email:* \_\_\_\_\_

*Phone Number:*(    ) \_\_\_\_\_ *Home Address:* \_\_\_\_\_

*City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Zip:* \_\_\_\_\_

*Emergency Contact Person:* \_\_\_\_\_ *PH#:* \_\_\_\_\_

*Occupation:* \_\_\_\_\_ *Referred By:* \_\_\_\_\_

*When was your last massage or Reiki Session?* \_\_\_\_\_

*How do you like your pressure?* (    ) *Light* (    ) *Medium* (    ) *Deep*

*Would you like aromatherapy used?* (    ) *YES* (    ) *NO*

*Do you like conversation during treatment?* (    ) *YES* (    ) *NO*

*Are you OK with a Hot Towel and Heat on the table?* (    ) *YES* (    ) *NO*

*Please Indicate Below any health conditions we should be aware of:*

\_\_\_\_\_

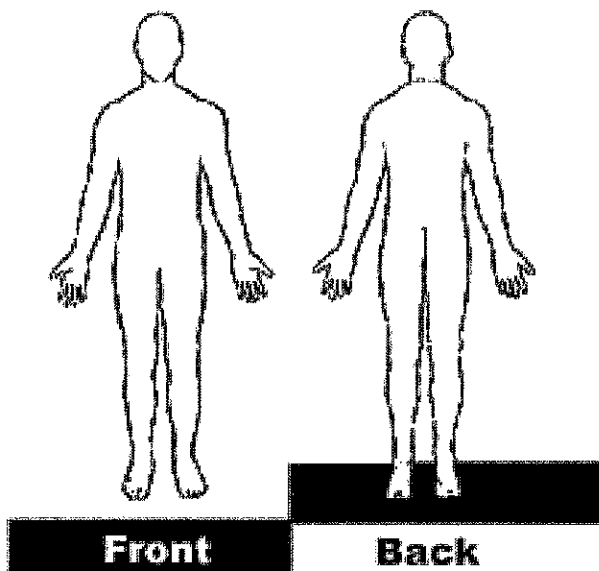
*Please list below any major surgeries you have had in the 2 years:*

\_\_\_\_\_

*Please list any Medications you are currently taking and their purpose:*

\_\_\_\_\_

Circle any specific areas you would like the massage therapist to concentrate on during the session:



**Cancellation Agreement:**

If you must cancel or change your scheduled appointment , please notify us at least 24hours prior to your appointment time. Appointments missed without any notice at all are subject to a missed appointment fee.

By signing below you agree to the following statement above and will be billed a \$20 No show fee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please take a moment to carefully read the following information and sign where indicated:**

I, the undersigned, understand that the therapy I receive is provided for the basic purpose of relaxation and the relief of muscular tension or imbalances. If I experience any pain or discomfort during the session, I will immediately inform my therapist so that the techniques, pressure, and/or strokes may be adjusted to my level of comfort. I understand that the massage is not a replacement for medical care and that no diagnosis will be made. I will keep my therapist informed of any medical conditions to make sure there are no contraindications for my massage. I know if I fail to do so my therapist is not liable for any problems arising from my massage. I also understand that any illicit or sexually suggested remarks will result in termination of my session.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If client is under 18 we will need the responsible parties signature below:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_