

Artistic Touch
M A S S A G E

New Client: Confidential Intake Form

Name: _____ Date: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Email: _____ Occupation: _____

Are you currently taking any medications? Yes / No

If yes, what and what for? _____

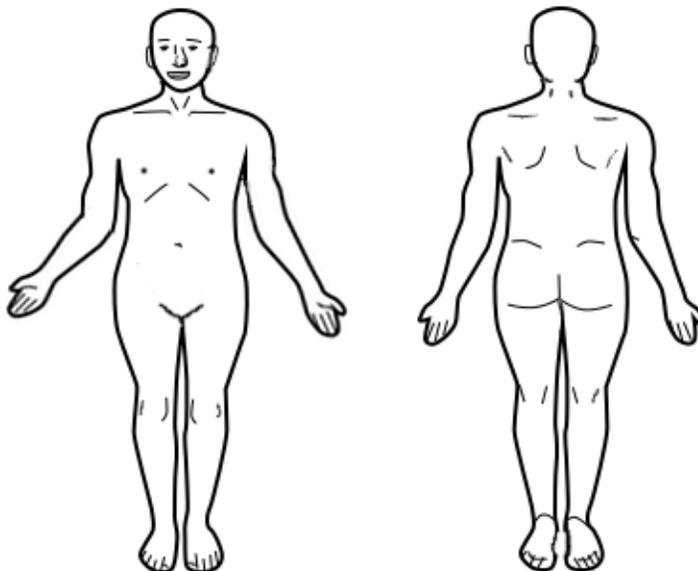
Are you currently seeing a health care professional, other than regular preventative exams? Yes / No

If yes, what for? _____

Have you had a massage before? Yes / No

What kind of pressure would you like today? Light Medium Deep

Please circle any place you would like extra attention during massage.
(abdominal and facial massage are not considered part of the “full body massage”, unless requested)



Do you have any of the following today?

_____ Skin Rash _____ Cold/Flu _____ Open Cuts
_____ Severe Pain _____ Anything contagious _____ Injuries/ Bruises

Are you wearing: Contact Lens?_____ Hearing Aids?_____ Hairpiece?_____

Please check any conditions that currently affect your health. If you have had any of the conditions in the past, write “past” on the line.

_____ Arthritis	_____ depression, panic attacks, anxiety
_____ diabetes	_____ diverticulitis
_____ blood clots	_____ headaches/migraines
_____ broken/dislocated bones	_____ heart conditions
_____ bruise easily	_____ back problems
_____ cancer	_____ high blood pressure
_____ chronic pain	_____ TMJ disorder
_____ constipation/diarrhea	_____ recent muscle strain/sprain
_____ auto-immune disease	_____ pregnancy-How far along? _____
_____ hepatitis (A, B, C, other)	_____ scoliosis
_____ skin conditions	_____ seizures
_____ stroke	_____ whiplash
_____ recent surgery	_____ chemical dependency

If you feel any of the above needs further explanation, please write it here:

Do you have allergies to: Skin care products?_____ Foods- Fruits/Nuts/Flowers?_____

Dust, pollen, fragrances?_____ Medications?_____

Do you carry an EpiPen/ rescue inhaler? Yes / No

What are your goals/expectations for this therapy session?_____

The following sometimes occurs during massage. They are normal responses to relaxation and the moving of fluids in the body.

-falling sleep, passing gas, non-sexual arousal, change in breathing patterns, internal gurgling, and becoming emotional.

Your appointment may run longer than the time of the actual massage, due to inquiry, dressing, and payment. Please plan for an extra 15 minutes.

Cancellation Policy: Please notify me at least 6 hours prior to your appointment starting time. If you fail to do so, you will be charged for the missed session. If you are more than 15 minutes late without notification, I may leave, and you will be charged.

Please read the following information and sign below.

1. I understand that while massage therapy can be very relaxing and therapeutic, it is not a substitution for medical examination and diagnosis or treatment.
2. This is a therapeutic massage and any sexual remarks or advances will terminate the session and I will be liable for payment of the scheduled treatment.
3. Being that massage should not be done under certain medical conditions, I affirm that I have answered all questions pertaining to medical conditions truthfully.
4. I understand that this signature serves for both current and future sessions.

Signature: _____ **Date:** _____

Directions to the office:

The GPS address for the office is 21 Hanover St. Lebanon NH. This will bring you to the correct parking lot (Nutrition on the Green, Omer & Bob's, Ballet, Citizen's Bank). Enter in the double glass doors, directly under the clock tower. The elevator is on your left, go to the 2nd floor.

Go right off the elevator, up the ramp and down the hall and you will see my sign and chair in front of you.

Have a seat, use the restrooms.

I will come get you at the time of your appointment.