

## Touch Factor Massage - Confidential Massage Client Intake Form (RX)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Hobbies: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_

**The following information will be used to help plan safe and effective massage sessions. Please answer the questions to the best of your comfort and knowledge.**

1. Have you had a professional massage before? Yes No If yes, how often? \_\_\_\_\_

2. Do you have any difficulty lying on your front, back, or side? Yes No  
If yes, please explain: \_\_\_\_\_

3. Do you have any allergies to oils, lotions, or ointments? Yes No  
If yes, please explain: \_\_\_\_\_

4. Do you have sensitive skin? Yes No | Do you consider yourself ticklish? Yes No  
If yes, are there areas I should avoid or be careful around? \_\_\_\_\_  
\_\_\_\_\_

5. Are there any massage/spa smells that you especially like/dislike? Vanilla, lavender, peppermint, eucalyptus, jasmine, lemongrass, others: \_\_\_\_\_

6. Do you sit for long hours at a workstation, computer, or driving? Yes No  
If yes, please describe: \_\_\_\_\_

7. Do you perform any repetitive movement in your work, sports, or hobby? Yes No  
If yes, please describe: \_\_\_\_\_

8. Do you experience stress in your work, family, or other aspect of your life? Yes No  
If yes, do you think it is affecting any of the following: muscle tension ( ) anxiety ( )  
insomnia ( ) irritability ( ) other \_\_\_\_\_

9. Is there a particular area of the body where you are experiencing tension, stiffness, pain  
or other discomfort now? Yes No  
If yes, please identify: \_\_\_\_\_

10. Do you have any particular goals in mind for this massage session? Yes No  
If yes, please explain: \_\_\_\_\_

11. Circle any of the topics below if you are interested in incorporating them into your  
massage session (now or later) or learning more about them:

Breath Work | Energy Work | Cupping | Essential Oils | Nurturing Touch | Thai Stretching

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Medical History

12. Are you currently under medical supervision (including chiropractic) or taking any medications? Yes No

If yes, please explain/list: \_\_\_\_\_  
\_\_\_\_\_

13. Please check any condition listed below that applies to you:

- |  |  |
|--|--|
| <input type="checkbox"/> any issues with touch/massage | <input type="checkbox"/> any adverse reactions to massage                                  |
| <input type="checkbox"/> open sores or wounds          | <input type="checkbox"/> deep vein thrombosis/blood clots                                  |
| <input type="checkbox"/> easy bruising                 | <input type="checkbox"/> joint disorder/rheumatoid-<br>arthritis/osteoarthritis/tendonitis |
| <input type="checkbox"/> recent injury or surgery      | <input type="checkbox"/> osteoporosis  |
| <input type="checkbox"/> contagious skin condition     | <input type="checkbox"/> headaches/migraines   |
| <input type="checkbox"/> sprains/strains               | <input type="checkbox"/> cancer  |
| <input type="checkbox"/> current fever                 | <input type="checkbox"/> diabetes  |
| <input type="checkbox"/> swollen glands                | <input type="checkbox"/> decreased sensation   |
| <input type="checkbox"/> allergies/sensitivity         | <input type="checkbox"/> back/neck problems  |
| <input type="checkbox"/> heart condition               | <input type="checkbox"/> Fibromyalgia  |
| <input type="checkbox"/> high or low blood pressure    | <input type="checkbox"/> TMJ   |
| <input type="checkbox"/> circulatory disorder          | <input type="checkbox"/> carpal tunnel syndrome  |
| <input type="checkbox"/> varicose veins or phlebitis   | <input type="checkbox"/> pregnancy If yes, how many months?                                |
| <input type="checkbox"/> atherosclerosis               |  |

Please explain any condition that you have marked above and anything else about your health history that you think would be useful for your massage practitioner to know to plan a safe and effective massage session for you:

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14. Can you please tell me how you learned of me and/or my practice? (Thank you!):

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I, \_\_\_\_\_ (print name) understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. I am at least 18 years of age. If I experience any pain or discomfort during this session, I will immediately inform the practitioner 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 physical or mental ailment that I am aware of. I understand that massage practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. 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 the practitioner updated as to any changes in my medical profile in the future and understand that there shall be no liability on the therapist's part should I fail to do so.

Signature of client \_\_\_\_\_ Date \_\_\_\_\_

*All information disclosed in this form is confidential and will not be shared with anyone without your express consent and knowledge.*

**Tell me anything that can help me understand more about the type of massage that you want to receive and help me to give you the best experience possible!**

	Least <----->	-----> More - Most
How <b>relaxing</b> do you want your massage to be?	1 2 3 4 5 6 7 8 9 10	- Ultra!
How <b>deep</b> do you want your massage to be?	1 2 3 4 5 6 7 8 9 10	- Ultra!
How <b>warm</b> do you like your massage room?	1 2 3 4 5 6 7 8 9 10	- Ultra!
How <b>warm</b> do you like your massage table?	1 2 3 4 5 6 7 8 9 10	- Ultra!
How <b>comfortable</b> are you with massage/touch?	1 2 3 4 5 6 7 8 9 10	- Ultra!
How <b>modest</b> are you (0=Not at all and 10=very)	0 2 3 4 5 6 7 8 9 10	- Ultra!

**How Nurturing?** This is a hard concept to define because nurturing can mean so many different things to different people. My nurturing work is significantly more generous and luxurious than my strictly therapeutic work. The strokes get progressively slower, more lavish and lingering and include more neuro-emotional system engagement. Please ask me any questions that you have about this.

How **nurturing** do you want your massage to be? 1 2 3 4 5 6 7 8 9 10 - Ultra!

**Areas That Can Be Sensitive to Work On or Around:** Please circle the type of work, if any, you want in the following areas:

**Glutes** – None | Light | Medium | Thorough | Other: \_\_\_\_\_

**Adductors (inner thighs)** – None | Light | Medium | Thorough \_\_\_\_\_

**Groin/Psoas Area** – None | Light | Medium | Thorough | Other: \_\_\_\_\_

**Stomach** – None | Light | Medium | Thorough - **Ticklish Stomach?** Yes No \_\_\_\_\_

**Feet** – None | Light | Medium | Thorough - **Ticklish Feet?** Yes No \_\_\_\_\_

**Chest** – Full Chest | Upper Chest Only | None **Type:** Light | Medium | Thorough | Other

Full chest includes bottom and sides of rib cage, sternum and some contact with closely associated breast tissue but does not include areolae or nipples unless specifically requested.

**Face** - Yes | No **If yes, what type:** Light Relaxing Touch | Deep Muscle Work | Both

**Scalp** - None | Some | Lots! \_\_\_\_\_ **Hair** – None | Some | Lots! \_\_\_\_\_

**Other Areas of Concern or Special Focus:** Let me know what else to focus on or avoid.

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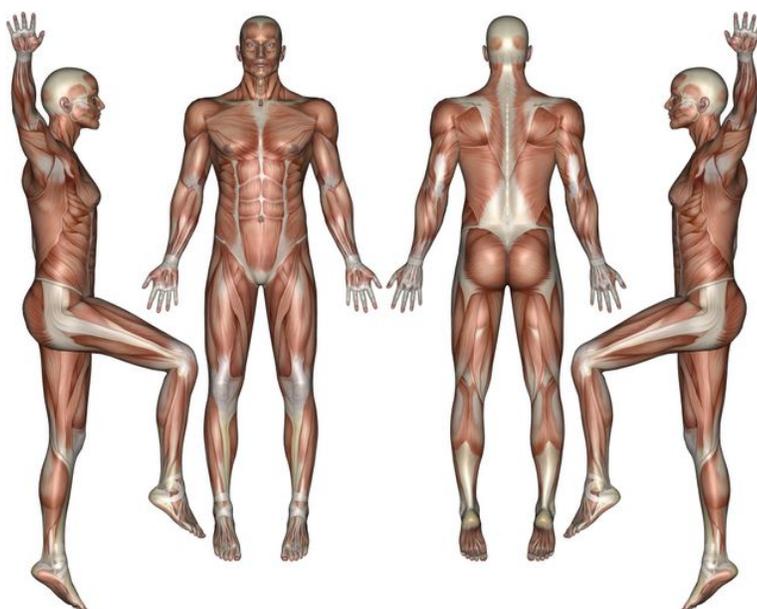
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**If you really want to customize your massage experience, give me some descriptive adjectives that describe your ideal massage:**

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## A Whole Lot of Information about Draping and Personal Modesty...

It is very important for both of us to feel as comfortable, relaxed and secure as possible during your session. One of the things that can cause some unease is the amount and type of draping used during the session, so I want to talk a little bit about that with you. The style of massage that I do generally uses less draping than your basic western massage styles. It is loosely based on the Hawaiian Lomi style of massage and lets me use long, full-body strokes to treat the muscles in your neck, back, arms, hips, glutes, legs, feet and toes as one separate-but-definitely-continuous and integrated group of muscles.

**Your first choice is whether you want to wear undergarments.** If it is not a personal modesty issue, then I recommend not wearing any. They just get in the way of my Deep Lomi Flow, **but this is a choice I leave completely up to you.** Please note that I will make sure that you are covered to your desired level of modesty throughout the massage with a sheet or Lomi towels unless you specifically request no draping. Which brings us to your next choice....

**What type of draping or covering you want while you are being massaged?** You are completely free to choose how much or how little draping is used for your massage. Please circle your desired minimum levels of draping below for both when you are face-down and face-up. **The green represents a sheet and the white represents a cloth towel.** The draping to the left of each set is the most modest/clinical but does not allow for the most thorough and uninterrupted Deep Lomi Massage experience – whereas the draping to the right does, but is obviously less modest. **The bottom line is that you feel safe, relaxed and completely comfortable with your choice so that you can thoroughly enjoy your massage.**

Face Down (Circle One)			Face Up (Circle One)				
Lomi Sheet	Traditional Lomi Towel	No Draping With or W/O Clothing*	Western Sheet	Lomi Sheet	Western Lomi Towels	Island Lomi Towel	No Draping With or W/O Clothing*

**Chest Massage Draping:** For participants who want to have their chest undraped but would like their nipples/areolae covered, I have some disposable adhesive nipple covers that you can use and/or you are more than welcome to bring your own as well.

*\*I include the no-draping option for clients who are comfortable with their bodies and feel it is more natural and relaxing to be worked on in this manner - as well as to say that for me, in terms of bodywork, **there should be no shame or glory rooted in our human form, only freedom and acceptance.** At this time the Washington state regulations allow for licensed massage to be done in this manner, but the regulations will probably be changing in the next year and we may have to revisit your draping options at that time. In addition, your desired draping should be decided upon before the massage as I do not like to change to less modest draping preferences in the middle of a session without written consent.*