

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 that I should be aware of? 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"/> varicose veins or phlebitis |
| <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/arthritis/osteoporosis |
| <input type="checkbox"/> recent injury or surgery | <input type="checkbox"/> headaches/migraines |
| <input type="checkbox"/> contagious skin condition | <input type="checkbox"/> back/neck problems |
| <input type="checkbox"/> current fever or swollen glands | <input type="checkbox"/> Fibromyalgia |
| <input type="checkbox"/> skin allergies/sensitivity | <input type="checkbox"/> TMJ |
| <input type="checkbox"/> heart or circulatory condition | <input type="checkbox"/> carpal tunnel syndrome |
| <input type="checkbox"/> high or low blood pressure | <input type="checkbox"/> pregnancy If yes, how many months? |

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:

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

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

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, discomfort or anxiety during this session, I will immediately inform the practitioner so that he can stop or adjust the massage as necessary. 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 during 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 body and health so that they can plan a safe and appropriate massage therapy session.

Signature of client _____ Date _____

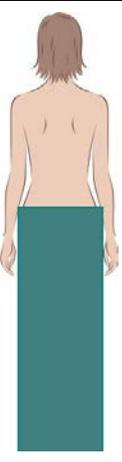
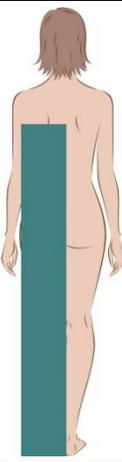
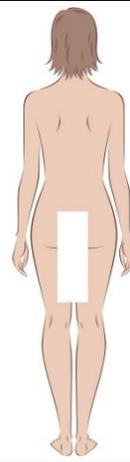
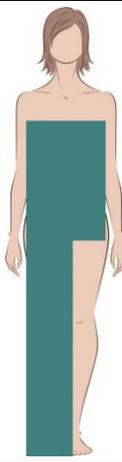
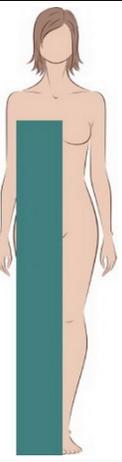
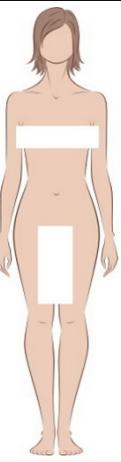
All information disclosed in this form is confidential.

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 full body work, **but this is a choice I leave completely up to you.** I will make sure that are you 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 free to choose how much or how little draping is used for your massage. Please use the pictures below to choose the draping that you would like. **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 & Initial Below)			Face Up (Circle One & Initial Below)				
Western Sheet	Lomi Sheet	Traditional Lomi Towel	Western Sheet	Lomi Sheet	Sheet and Towel	Western Lomi Towels	Island Lomi Towel
							

- Check this box if you would like your chest undraped only for the time that you are receiving work directly on your chest and/or breasts and then draped again.
- Check this box if you would like to have your chest undraped but would like your 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).

Your desired draping needs to be decided upon before the massage as I am unable to change to less modest draping preferences in the middle of a session without written consent.

*These options are offered so that you know that you are in complete control of your body and modesty while you are on my table 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.***