Wellness Intake Form

Phenomenal Healing
539 Keisler Dr. Ste.203. Cary, NC 27518
(Located inside Carolina Center Of Massage Therapy)
(919) 335-6835

Personal Information

Name: _____ Occupation: _____
Address: _____ City: _____ ST: _____ Zip: _____
The best number to reach you: (_____) _____ Mobile Y / N
Email Address: _____ DOB: _____
Emergency Contact: _____ Phone: (_____) _____
How did you hear about us? _____
Would you like to receive e-newsletters (←1x mthly) & important updated information? (Y / N)
When was your last massage? _____
What is your goal for today? _____
What type of pressure do you like? ( ) Light ( ) Firm ( ) Deep
Are you *comfortable* with these areas being massaged every session? *Butt: (Y/N) Feet: (Y/N) Upper chest: (Y/N) Scalp: (Y/N) Face: (Y/N)*

Health History

Please list any medications or supplements you're currently taking and explain:
_____
_____

Please list any injuries/accidents/illnesses still affecting you: _____
_____

Please list any surgeries and explain: _____
_____

Health History

Please indicate any Present (P), Past (X), or Reoccurring (R) conditions:

____ADD/ADHD ____Allergies ____Asthma ____Arthritis ____Bursitis
____Pregnant ____Psoriasis ____Sciatica ____Scoliosis ___Rheumatoid
____Seizure ____Stroke ____Eczema ____Epilepsy
___Lymphedema ____Tumor: Malignant/Benign: _____
____TMJ/Jaw pain ____Headaches ____HIV/AIDS ____Lupus
____Fibromyalgia ____Mono ____Carpal Tunnel ____Sprain/strain
____Tendonitis ____Depression ____Thyroid issues ____Varicose Veins
____Athlete's Foot ____Numbness/Tingling ____Spasms/Cramping
____Hearing impaired ____Heart Condition ____High/Low Blood Pressure
____High/Low Cholesterol ____Herpes/Shingles ____Osteoarthritis
____Multiple Sclerosis ____Anxiety ____Osteoporosis/Osteopenia
____Muscular Dystrophy ____Chronic Fatigue ____Chron's Disease
____Trouble Sleeping ____Blood Clot/ Thrombosis ____Phlebitis/Embolism
____Broken/fractured bones ____ Other: _____
____Cancer: Location_____ Treatment: _____ Remission: Y/N

Release Form

By signing this, I agree that I have answered all questions to the best of my knowledge and that I will inform the therapist of any changes in my condition or medication. If I experience any pain/discomfort or would like the pressure adjusted, I will inform the therapist immediately.

I understand that a massage therapist cannot diagnosis any illness, disease, or any physical or mental disorders nor can the therapist prescribe any medication and that nothing said in a session should be construed as such. I understand that massage therapy is intended to work in conjunction with my health care, not act as a substitute for medical examination. I understand that it is my responsibility to consult a physician for any ailments I may have.

I understand that massage therapy is a therapeutic measure used to reduce stress, muscular tension, and pain. I understand there are no guarantees for recovery and if I am unsatisfied with the progress made with my treatment I will inform the therapist, so he/she may direct me to another treatment. I also understand that massage therapy is non-sexual in nature; this includes and not limited to, advancement, grouping, touching myself, guiding the therapist to touch me, asking inappropriate questions, making inappropriate sounds and /or gestures. At any point, if the therapist feels uncomfortable and must ask me to stop, the massage will be terminated, I will still pay for the massage, & I will be terminated as a client.

I agree to abide by an 8-hour cancellation notice for any scheduled massage. I understand I may be charged up to the full amount of service for missed appointments or for any cancellations with less than an 8-hour notice. I understand that if I arrive late for an appointment, the session will end at the original scheduled time to prevent penalizing another client. However, if the massage therapist is late, he/she will fulfill the scheduled massage length.

I agree that I am of legal age (18 years old).

I understand that certain conditions or medications may contraindicate (not permit) massage or may require the use of alternate techniques or pressure. I respect the decision of the massage therapist and am fully prepared to reschedule the massage for a later date if requested by the massage therapist. I also understand that massage may be advisable by my physician, but not by a massage therapist. In that event, I agree to provide a written agreement from my physician before proceeding with treatment. Understanding all this, I give my consent to receive care.

Print Name: _____

Signature: _____

Date: _____