

SeaRhythms Massage – First Visit Health Intake Form

(Please answer all areas; filling out this form completely will help ensure the best possible massage.)

Name: _____ Date: _____

Home Address: _____

City: _____ State: ____ Zip: _____

Phone Numbers (mobile & home): _____

Email Address: _____

Emergency Contact Name: _____

Phone Number: _____ Relationship: _____

<p>How did you hear about SeaRhythms?</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Please describe any recent injuries, illnesses, or accidents including dates and treatments, if any: _____

Are you currently under the care of a physician? Yes / No If yes:

For what condition? _____

May we contact your physician if needed? Yes / No Initial here: _____

Physician Name / Number: _____

Please list all medications and nutritional supplements you are taking:

List other therapies you currently receive: _____

Please list any additional comments regarding your health and

well-being: _____

Are you bothered by scents, oils, or lotions? Yes / No

Do you have any allergies (please list): _____

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Is this your first massage? Yes / No

If no, when was your last massage? _____

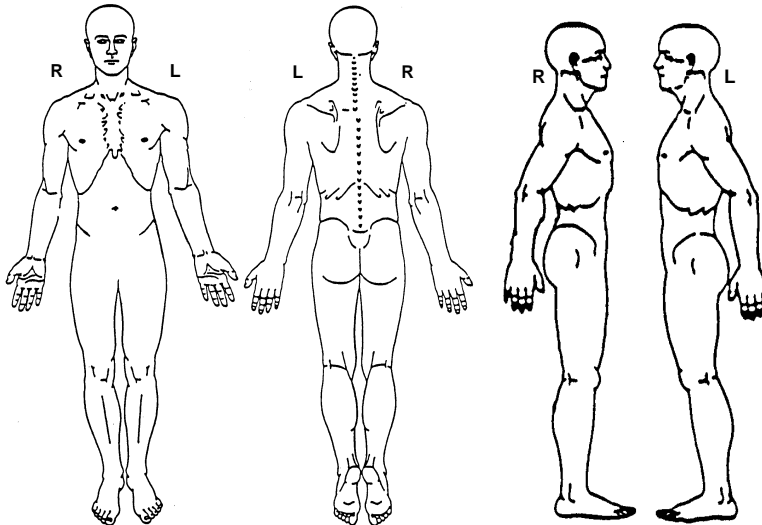
What results would you like from this massage session? _____

What is your occupation? _____

Are you left or right handed? _____

Where do you hold stress in your body? _____

Please mark any areas of of current pain:



I understand that massage or bodywork should not be construed as a substitute for medical treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment..

I understand that massage/bodywork therapists are not qualified to perform spinal or skeletal adjustments, diagnose, or prescribe for any physical or mental illness, and that nothing said in the course of the session given should be construed as such.

Because massage/bodywork 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 therapist updated as to any changes in my medical profile prior to any future sessions and understand that there shall be no liability on the therapist's part should I fail to do so.

I understand that any illicit or sexually suggestive remarks or advances made toward the practitioner will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

Cancellation within 24 hours of scheduled massages may result in charge of up to the full price of your intended session.

The therapist also reserves the right to refuse service to anyone for any reason.

Signature: _____ Date: _____