

Massage Therapy

NORTH RIVER BODY THERAPIES CLIENT INTAKE FORM

Name _____ Date _____

Address _____ City/State _____ Zip _____

Phone (C) _____ Phone (H) _____ E-mail _____
Appt. reminders, receipts & discounts

Emergency contact _____ Phone _____

D/O/B _____ Height _____ Weight _____ Male _____ Female _____
(mm/dd/yyyy)

Are you a FULL time resident? Yes No Occupation _____ Hobbies _____

Have you received a professional massage before? Yes No If Yes, when _____

What are your goals for today's visit? Relaxation _____ Health Maintenance _____ Pain Relief _____

Are there any areas you would prefer NOT to have worked on? _____
face, feet, head, knees, etc.

Are there any factors in your life (physical, mental, emotional) that the therapist should be aware of?

Are you presently being treated by a Physician or other Medical Professional: Yes No

If Yes, please provide name: _____

Reason for today's Treatment: _____

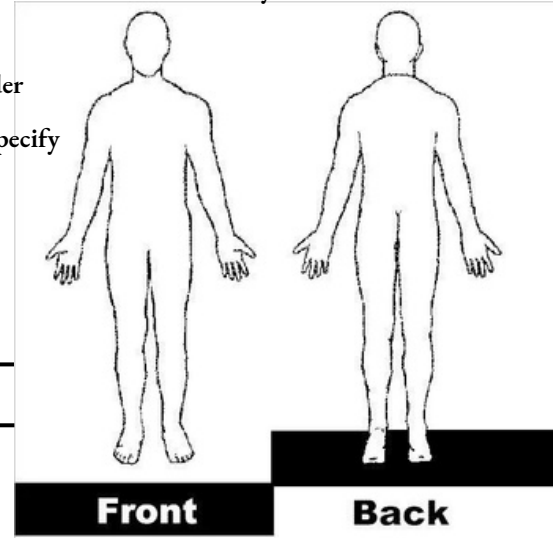
Are you allergic to any topical lubricants? Yes No _____

Anything else we need to know: _____

****Please mark any of the following conditions you may currently have, explain below if needed.**

- | | | |
|---|---|---|
| <input type="checkbox"/> Neck injury | <input type="checkbox"/> Recent surgery | <input type="checkbox"/> Covid |
| <input type="checkbox"/> Infection | <input type="checkbox"/> Pregnancy # of wks _____ | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Skin Rashes/Wounds | <input type="checkbox"/> Sports injury | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Emotional changes | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Chronic pains |
| <input type="checkbox"/> Sinus congestion | <input type="checkbox"/> Bruises | <input type="checkbox"/> Clotting Disorder |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> High/Low Blood pressure | <input type="checkbox"/> Others, please specify |
| <input type="checkbox"/> Cold/Flu | <input type="checkbox"/> Varicose veins | |
| <input type="checkbox"/> Flu | <input type="checkbox"/> Acute pain | |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Numbness/Tingling | |

Mark areas below that you would like addressed.



Signature _____

Necessary Disclaimer

All our Massage Therapist are Licensed by the State of Florida. They have met all the stringent requirements as stated by the Florida Department of Health.

The following are specific areas of the body that require written informed consent in order to be **uncovered** during treatment. Florida's new law, which went into effect on 7/1/2024, makes this mandatory.

- Chest Wall Muscles (not including the breasts)
- Breast(s)
- Buttocks (Gluteal Muscles)
- Upper Inner Thighs

IF you are seeking specific pain relief and your therapist feels your condition would benefit from treatment that includes any of the areas listed above, they will explain the following prior to treatment:

- The nature of the assessment, including the clinical reasons for the assessment of the above areas and the draping methods to be used.
- The expected benefits of the assessment.
- The potential risks of the assessment.
- The potential side effects of the assessment.
- That consent is voluntary.
- That I can withdraw or alter my consent at any time.

Our treatments are strictly therapeutic, professional and follow the professional code of ethics. At no time should they be confused with a service of a sensual or sexual nature. It is at the therapist's discretion to discontinue treatment at any point in response to comments, advances or behaviors that are deemed inappropriate or sexual in nature and payment for said appointment will be charge in full.

Signature: _____

Date: _____





Responsibilities & Policies

Client Responsibilities:

Thank you for choosing North River Body Therapies! Please take a moment to review the below policies. By signing and dating at the bottom of the form, you confirm that you have read and understand this statement, and the health information you have provided is correct.

Late Arrival Policy:

If you arrive late to your appointment please know that your appointment may need to be adjusted to accommodate the remaining time that was scheduled for you. We have a very full schedule and will do our best to give you the maximum amount of time remaining, with consideration to the appointments that follow.

Cancellation Policy:

Everyone loses when you miss an appointment . . .

Your therapist, another client who may have wanted and benefited from that appointment time, but most importantly, YOU!

We request 24 hours notice if you need to cancel or reschedule to avoid a cancellation fee of \$25.00 for a week day appointment and a \$50 cancellation fee for a weekend appointment. **You can not cancel an appointment through our text reminder system, you must call or email North River Body Therapies.**

We understand emergency's do arise, and we will address them accordingly.

To avoid the cancellation fee:

You can avoid paying the above cancellation fee if you find someone to fill your appointment spot instead. For example, Spouse, Partner, Child, Friend, Co-worker, etc.

I have read the above and agree to the terms and conditions as stated.

Signature: _____ Date: _____