Massage Intake Form

Personal Information

Client Name: _____ Date: _____

Date of Birth: _____ Cell Phone Number: _____

Email: _____ Right/Left Handed: _____

Emergency Contact Name: _____ Contact Phone : _____

Massage Information

Reason for initial visit? Goals for treatment? _____

_____

Are you experiencing tension, stiffness, discomfort or pain? Y or N
If yes, describe:

_____

Have you recently had an injury, surgery, or areas of inflammation? Y or N
If yes, when and describe: _____

_____

Have you been cleared by your Physician for massage?_____

List any previous injuries, surgeries, illnesses, health concerns, issues, and/or problems I should be aware of before we begin._____

_____

List any known allergies. _____

List any medications, pain relievers or supplements you are currently taking. _____

_____

Client Agreement

It is my choice to receive massage therapy. I am fully aware of the benefits and risks of massage and I give my full consent for massage treatment. I understand that there is no implied or stated guarantee of success or effectiveness of individual techniques or series of appointments.

I acknowledge that massage therapy is not a substitute for medical care, medical examination or diagnosis and I will seek any appropriate medical treatment for any ailments(s) I may have. I have stated all medical conditions that I am aware of to the best of my ability and will inform my practitioner of any changes in my health status. If I experience any discomfort during my sessions, I will immediately inform my therapist so that the massage can be adjusted to my level of comfort.

I understand that all information provided herein will be handled with confidentiality. I have the option to complete a HIPAA release form that will authorize my therapist to obtain my medical records from my primary care providers/specialists, if I am not able to provide this information directly. If I fail to provide accurate information or authorize a release of medical information, I understand that there shall be no liability on the part of my therapist or the facility in which the massage occurred. No information will be disseminated to any third party without the express, written consent of the client or as required by law.

I understand that I am responsible for all charges for all services provided. In the unfortunate event that I have to cancel my appointment, I will do so within 24 hours of my appointment time. In the event that I fail to do so, I accept full responsibility for any balance due. I also understand that if any sexual misconduct occurs on my part, the massage session will be terminated immediately and I will pay in full for the session and will not return for any other services.

With full knowledge of the risks involved, I hereby release, waive, discharge Burdette Massage and Bodywork, from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, sickness, injury, or death, that may be sustained to me while participating in any activity while in, on, or around the premises or while using the facilities that may lead to unintentional exposure or harm.

Signature: _____

Date: _____

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Massage & Bodywork

COVID-19 Questionnaire and Liability Waiver

The World Health Organization has declared Coronavirus (COVID-19) a worldwide pandemic. Due to its capacity to transmit from person-to-person through respiratory droplets, the government has set recommendations, guidelines, and some prohibitions which Burdette Massage and Bodywork, LLC. adheres to comply.

In consideration of my participation in massage, the I acknowledge and agree to the following:

- I am aware of the existence of the risk on my being and that my participation in the activity of Burdette Massage and Bodywork may cause injury or illness such as, but not limited to Influenza, MRSA, or COVID-19 that may lead to sickness, paralysis or death.
- I have not experienced symptoms of fever, fatigue, difficulty in breathing, or dry cough or exhibiting any other symptoms relating to COVID-19 or any communicable disease within the last 14 days.
- I have not, nor any member of my household, traveled by sea or by air, internationally within the past 30 days. Nor have I, nor any member of my household, visited any area within the United States that was reported to be highly affected by COVID-19, in the last 30 days.
- I have not been, nor any member of my household, diagnosed to be infected of COVID-19 virus within the last 30 days.

Following the pronouncements above I hereby declare the following:

- I am fully and personally responsible for my own safety and actions before, during and after my participation and I recognize that I may be at risk of contracting COVID-19.
- With full knowledge of the risks involved, I hereby release, waive, discharge Burdette Massage and Bodywork, its affiliates, employees, representatives, successors, and assigns from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained to me related to COVID-19 while participating in any activity while in, on, or around the premises or while using the facilities that may lead to unintentional exposure or harm due to COVID-19.

- I agree to indemnify, defend, and hold harmless Burdette Massage and Bodywork from and against any and all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any of the released party due to injury, loss, sickness or death from or related to COVID-19 or any other bacteria or virus.

Have you been in close contact with or cared for someone diagnosed with COVID-19, or someone exhibiting cold or flu-like symptoms within the last 2 weeks?

Have you been asked to self-quarantine by a doctor or local health official in the last 2 weeks?

Have you traveled out of state or to places with a high infection rate within the last two weeks (e.g., state designated "hotspots")? If yes, please explain.

Please check if you are experiencing any of the following within the last 2 weeks:

__ Fever
__ Cough
__ Fatigue
__ Diarrhea, digestive upset
__ Loss of sense of taste or smell
__ Rash or skin lesions (especially on the feet)
__ Chills
__ Sore throat
__ Shortness of breath
__ Nasal, sinus congestion
__ Sudden onset of muscle soreness (not related to a specific activity)

I understand that massage and close contact with people increases the risk of infection from COVID-19 and/or any bacteria or virus. By signing this form, I acknowledge that I am aware of the risks involved and give my full, voluntary consent to receive massage therapy from this date forward, from Stephanie Burdette, LMT.

FIRST NAME **LAST NAME**

PHONE # **DATE**

SIGNATURE

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