

Confidential Intake Form

Name: _____ DOB: ____/____/____

Address: _____ City _____ State _____ Zip _____

Best contact number: (____) _____ - _____ Email: _____

Occupation: _____ Hobbies/extracurricular activities: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

How did you hear about us?

Have you had a massage /body work done in the past? Y/N _____ If yes, Last massage? _____

Where did you have it done?

What was your overall experience?

How was their use of pressure? Just right? Too much? Too little?

Lubrication use? Just right? Too much? Too little?

What type of pressure do you like? Light? Moderate? Deep?

Describe any past surgeries, injuries, or hospitalizations:

Are you currently experiencing any pain or restricted movements (i.e. I can't turn my head to the left):

Please describe:

Please list any current medications:

Are you pregnant? Y/N

Due Date:

Please circle any that apply:

Numbness/Tingling
Epilepsy/Seizures
Infectious Disease
Jaw Pain/Teeth grinding
High/Low Blood Pressure
Shortness of breath
Other__

Varicose veins
Blood Poisoning
Skin issues
Tendonitis
Blood Clots
Asthma

Nausea/Diarrhea
Sinus Problems
Depression
Arthritis
HIV/AIDS
Fatigue

Diabetes
Headache
Sleep difficulty
Osteoporoses
Cancer/Tumors
Kidney disease

I understand that my therapist cannot treat, diagnose, and/or prescribe. If I am experiencing any major health problems I may need to see my doctor for diagnoses and/ or treatment. I have the right of refusal any time in my appointment. I understand that I may be denied services if I have behaved inappropriately during the session or have consumed drugs or any intoxicating substances prior to my appointment. I understand I need to give my therapist at least 24 hours of notice for any cancelation or I may be charged a fee for the missed service as per office policy. I agree to comply with the stated policy.

X_____X / / _

(Client Signature)

(Date)

X_____X / / _ _

(Signature of Parent /Guardian)

(Date)



Office Policy

Appointments

- 1) If an appointment must be changed, a **24 hr. notice** is required so that spot may be offered to others in need of care at that time.
- 2) "Last min. cancelations" may be subject to a **50%** charge. This amount may be used towards a future appointment when rescheduled.
--- If there are multiple last minute cancelations, you will be required to pay for **All** future massages up front and in full; regardless if you make your appointment. This payment may be used towards a future appointment if 24 hr. notice is given.
- 3) "NO Call, NO Show" appointments will be subject to a **50%** charge. Continued "No Call No Show" appointments, you will be required to pay for **All** future massages up front and in full; regardless if you make your appointment. This payment may be used towards a future appointment if 24 hr. notice is given.
- 4) If you are running late, please give Chelsea a courtesy call or text at **970-203-5602**. Chelsea typically has 15-30 min between each massage to fill out paperwork, change sheets, go over recommendations, and answer any questions you may have before her next client. Please understand that your massage may be shortened or need to be rescheduled if you are running behind.

Payments

- 1) Per-visit payment is due at time of service unless a previous financial arrangement has been made.
- 2) We accept cash, check, and debit/credit. Please let us know which of these you will be using at time of payment.

Specials

- 1) As a thank-you receive 10% off your next massage for every paid referral you send Chelsea's way
- 2) Receive 10% off your next massage when you schedule another appointment at your current one.

Protocols

- 1) As your therapist, Chelsea, cannot treat, diagnose, and/or prescribe. If you are experiencing and major health problems you may need to see your doctor for diagnoses and/ or treatment.
- 2) You may be denied services if you behave inappropriately during the session or have consumed drugs or any intoxicating substances prior to your appointment.
- 3) We want you to be comfortable. Chelsea will never make you do something that you are uncomfortable with. Whether you want to strip down to your birthday suit, get a massage fully clothed, or somewhere in between your comfort is key. Let Chelsea know if something makes you uncomfortable.
- 4) Please inform Chelsea if there are ever any strokes and or techniques that you do not like or make you uncomfortable. This will enable Chelsea to give you the best massage possible for you and your needs. Your comfort is key!
- 5) Please inform Chelsea need more or less pressure. She will always try and and periodically check in with you on pressure and is always looking for body/facial cues as well, but your input is important. During a deeper massage it should never be painful. If you want the deeper pressure you want it to be in "It hurts so good place". If too much pressure is being used it could do more harm than good! Your input and feedback are important to help her give you the best care possible!

It is Chelsea's goal to offer you the best massage care possible; at an affordable rate. To keep her prices low, please follow this policy. We strive to create a safe, relaxed, pleasant, and family friendly environment. Please let us know if you have any questions, comments, or concerns. Chelsea can be reached via phone/text at **970-203-5602** or email at revelationmassage.chelsea@gmail.com. We look forward to serving you on your road to health.

Signature:

Date: