



Massage Intake Form

Important Notes: If you have taken any tranquilizers, muscle relaxers, alcohol, or non prescription drugs prior to your massage, we advise you to reschedule you appointment for a time when the effects of these medications have passed.

If you have any recent or chronic medical conditions, please discuss them with the therapist before the session begins. If you are under the care of a medical physician or taking any medications, please check with your doctor before receiving your massage.


Recent surgeries: _____

What areas would you like the therapist to focus on? _____

If you have any of the following please check:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Hi/low blood pressure | <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart disease |
| <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Skin infection | <input type="checkbox"/> Internal infection | <input type="checkbox"/> Herpes |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Varicose veins | <input type="checkbox"/> Phlebitis | <input type="checkbox"/> Hernia/Rupture |
| <input type="checkbox"/> Thrombosis | <input type="checkbox"/> Hematoma | <input type="checkbox"/> Ruptured disk | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Fractures | <input type="checkbox"/> Sciatica | <input type="checkbox"/> Neck/Back injuries | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Bursitis | <input type="checkbox"/> Pinched nerves | <input type="checkbox"/> Vascular disease | <input type="checkbox"/> Ulcers |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Stiff neck/Shoulders | <input type="checkbox"/> Cramps | <input type="checkbox"/> Migraines |
| <input type="checkbox"/> Sprain/strain | <input type="checkbox"/> Upper/Lower back pain | <input type="checkbox"/> Depression | <input type="checkbox"/> Recent surgeries |
| <input type="checkbox"/> Muscle soreness from exercise | | <input type="checkbox"/> HIV | <input type="checkbox"/> Liver/Kidney disease |

I have read the above information and discussed it with my practitioner. I understand that this work does not constitute medical treatment or diagnosis, but rather a form of health maintenance. I certify that the above statements are accurate and I have no other health impairments to body work. I hereby release Thrive Med Spa + Wellness from any liability.

 Our massage therapists are members of and conform to the ethics and standards of professional conduct as established by the American Massage Therapy Association.



Massage Consent

I, _____, understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during the session, I will immediately inform the practitioner so that the pressure and/or the strokes may be adjusted to my level of comfort.

I further understand that the massage/bodywork should not be construed as a substitute for medical examination, diagnosis or 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 practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illnesses, and that nothing said in the course of the session given shall be construed as such. Because massage/bodywork should not be done under certain medical conditions, I affirm that I have stated all my known medical conditions, answered all questions honestly, and agree to keep the practitioner updated as to any changes in my medical profile, and understand that there shall be no liability on the part of the massage therapist or Thrive Med Spa + Wellness should I forget to do so.

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

Client Signature

Please Print Name