

Oracle Massage & Wellness - Client Intake Form

Please complete this form carefully to help us provide safe and effective massage therapy tailored to your needs. All information is confidential.

Demographic Information

- Full Name: _____
 - Date of Birth: _____
 - Address: _____
 - Phone Number: _____
 - Email Address: _____
 - Occupation: _____
 - Emergency Contact (Name & Phone): _____
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Health Information

- Primary Care Provider (PCP): _____
- Medications (list):

- Allergies (including skin sensitivities):

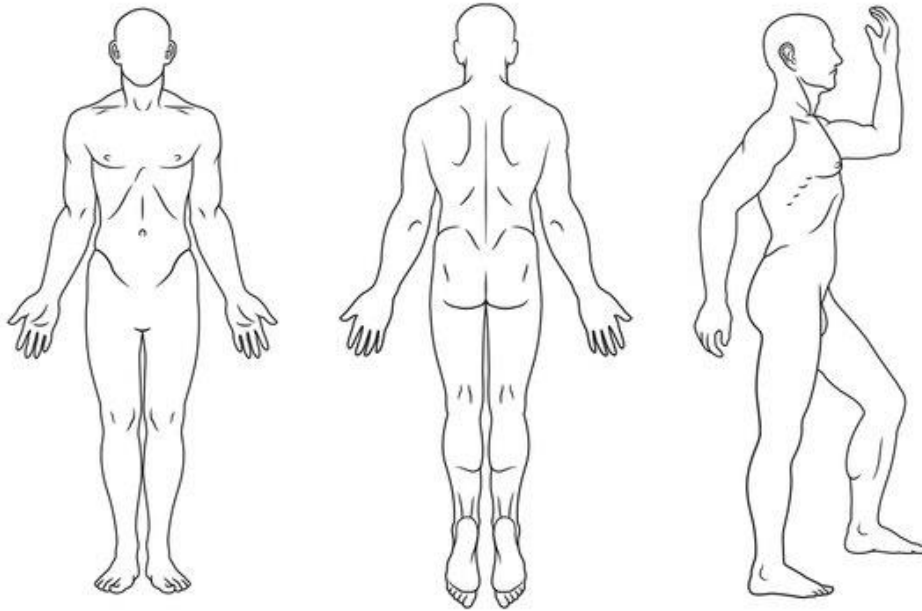
Please check any conditions that apply (past or present):

<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Epilepsy/Seizures
<input type="checkbox"/> Low Blood Pressure	<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> Skin Conditions/Rashes
<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Chronic Pain	<input type="checkbox"/> Recent Surgery
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Migraines/Headaches	<input type="checkbox"/> Recent Hospitalizations
<input type="checkbox"/> Cancer	<input type="checkbox"/> Neuropathy	<input type="checkbox"/> Injury (sprain/strain/fracture)
<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Motor Vehicle Accident	<input type="checkbox"/> Other (Provide Details Below)
(Other) Please Provide Details:		

Massage & Wellness History

- Have you ever had a professional massage before? ☐ Yes ☐ No
- If yes, how often? _____
- Preferred pressure: ☐ Light ☐ Medium ☐ Deep

Areas of pain, tension, or discomfort: (Circle areas below)



Lifestyle & Other Information

- **Sleep quality:** ☐ Poor ☐ Fair ☐ Good
 - **Stress level:** ☐ Low ☐ Moderate ☐ High
 - **Exercise/Activity level:** ☐ Low ☐ Moderate ☐ High
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Consent & Agreement

I acknowledge that the massage therapy services I receive at Oracle Massage & Wellness are provided by a Licensed Massage Therapist (LMT) in accordance with the laws and regulations of the Arizona State Board of Massage Therapy. I understand that massage therapy is a therapeutic health service and is **not a substitute for medical care, diagnosis, or treatment.**

I have disclosed all known medical conditions, medications, allergies, injuries, and other relevant health information to my therapist. I understand that it is my responsibility to inform my therapist of any changes to my health status, including new conditions, medications, or injuries, prior to any session.

I understand that the massage therapist may use a variety of techniques during my session, including, but not limited to, Swedish, deep tissue, myofascial, trigger point, and therapeutic modalities. I understand that I may experience temporary soreness or discomfort, and **that I have the right to communicate my comfort level at any time.**

I consent to the application of massage therapy techniques and the use of oils, lotions, or topical products as deemed appropriate by the therapist. I understand that all personal and medical information is kept confidential in accordance with professional standards.

I release and hold harmless Oracle Massage & Wellness and the therapist from any liability related to the massage therapy session, except in cases of gross negligence or intentional misconduct.

I have read, understood, and agree to this consent. I understand that **I discontinue the session at any time.**

Client Signature: _____ **Date:** _____