



CLIENT INTAKE

Name: _____ Date: _____

Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Occupation: _____ Date of Birth: _____

Would you like to receive: Daily Email Availability Email On Our Specials

Email: _____

How Did You Hear About Us: Internet Drive By FaceBook Newspaper Direct Mailer Valpak

Spectrum Other _____ Referred By _____

*Do you have any **allergies**? YES NO If so, please list: _____

Please list any **medication** you are currently taking: _____

Are you currently pregnant? YES NO If so, how many weeks: _____

List any past **Injuries/Accidents/Surgeries** still affecting you, please include date and year: _____

Check All That Apply: Fibromyalgia* Diabetes* Headaches/Migraines High Blood Pressure

Asthma* Lupus Blood Clots* Low Blood Pressure Arthritis Herpe*

Lymph edema Bone/Joint Disease* Rheumatoid Arthritis* Heart Condition Warts*

Anemia Kidney Problems Thyroid Condition Hemophilia HIV*

Hypoglycemia Depression/Anxiety Varicose Vein* Tendonitis Cancer*

Epilepsy/Seizures* Rashes/Skin Condition/Other _____

*Do you have cancer: YES NO (If yes please answer the questions below)

Type of cancer: _____

When were you diagnosed? _____ Present Cancer Status: _____

Have you had any Lymph nodes removed? YES NO If so, where and when _____

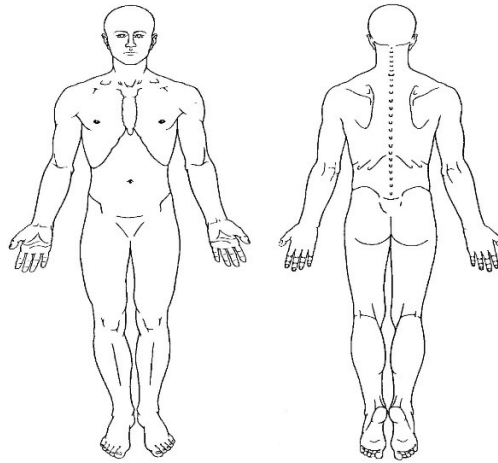
Have you had chemotherapy? YES NO If so, when was your last treatment? _____

Have you had radiation therapy? YES NO If so, when was your last treatment? _____

Please list any medical devices/procedures/treatments/surgeries you have had (include dates and location) _____

In Case Of Emergency, Contact Name: _____ Number: _____

Please indicate areas of tension, pain or stress you are currently experiencing on the figures below.



Additional Comments _____

- Massage Chi HFC is not responsible for lost or stolen articles under any circumstances.
- I understand that Massage Chi HFC services are provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during a session, I will immediately inform the Massage Chi HFC staff so that services can be adjusted.
- I understand Massage Chi HFC services 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 that I am aware of. I understand that Massage Chi staff are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. I understand that some of Massage Chi services should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly and in signing below I affirm that I have read this form in its entirety and understand its contents. I agree to keep Massage Chi HFC staff updated as to any changes in my medical profile and understand that there shall be no liability on Massage Chi HFC or its staff part should I fail to do so. I understand that Massage Chi HFC staff reserve the right to refuse to give services based on my health and risk factors determined by industry standards.
- I understand that Massage Chi HFC services are entirely therapeutic and non-sexual in nature, if any sexual behavior suggested, session will immediately be stopped, and client will be responsible for full fee of session.
- I hereby waive and release Massage Chi HFC and its staff from any and all liability, past, present and future relating to services I receive. I agree to hold harmless Massage Chi HFC and its staff from any and all claims, suits, losses or related causes of action for damages, including but not limited to such claims that may result from the injury, death, accidental or otherwise during or arising in any way.
- I assume the risk in participation in fitness activity and further agree to release and forever discharge Massage Chi HFC, its affiliates, staff and instructors from any and all claims that may result from my injury, death, accidental or otherwise, during or arising in any way from any program participation.
- **APPOINTMENT CANCELLATION POLICY:** Advance 24 hour cancellation notice in writing is required for all appointments. If you provide less than 24 hours notice, you are responsible for the fee of your appointment service. Late arrival to you appointment will result in loss time and you will receive only the amount of time that remains of your scheduled appointment. If you do not show for your appointment you will be charged the full price for the service.
- Any survey, photos, videos and/or any information given to Massage Chi HFC is only used for Massage Chi HFC benefits and will not be sold. I hereby give Massage Chi HFC permission to send Service Specials by either email or home address. I also understand that I can "unsubscribe" at any time by informing Massage Chi's Sales Department.

Signature: _____

Date: _____

MINOR CONSENT (Clients Under 18 Years Old) I hereby give consent for my minor child to receive treatment from Massage Chi. I understand that I am financially responsible for the minor and that I must schedule all appointments on their behalf. I grant permission that my child may receive treatment with or without my presence for any future treatment sessions.

Parent/Guardian Print Name _____ Parent/Guardian Signature _____