



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

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
 Warts* Heart Condition Kidney Problems Anemia Thyroid Condition Hemophilia HIV*
 Hypoglycemia Depression/Anxiety Varicose Vein* Tendonitis Other _____

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

Type of cancer: _____ Date Diagnosed _____ Present 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? _____

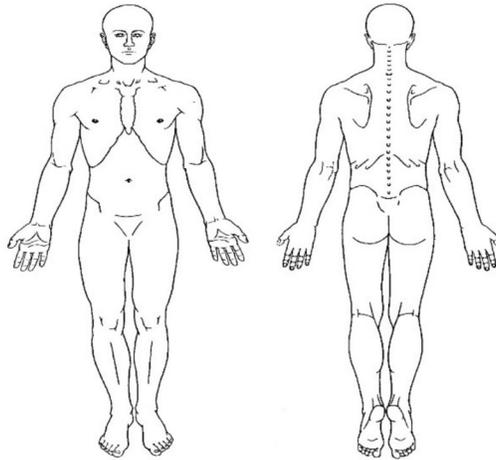
Have you had radiation therapy? YES NO If so, when was your last treatment? _____

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

In Case Of Emergency, Contact Name: _____

Contact Number: _____

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



Additional Comments _____

- Massage Chi is not responsible for lost or stolen articles under any circumstances.
- I understand that Massage Chi 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 staff so that services can be adjusted.
- I understand Massage Chi 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 staff updated as to any changes in my medical profile and understand that there shall be no liability on Massage Chi or its staff part should I fail to do so.
- I understand that Massage Chi 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 and its staff from any and all liability, past, present and future relating to services I receive.
- I understand that Massage Chi staff reserve the right to refuse to give services based on my health and risk factor determined by industry standards.
- Any survey, photos, videos and/or any information giving to Massage Chi is only used for Massage Chi benefits and will not be sold.
- I agree to hold harmless Massage Chi 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, 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:** Just a reminder we have a 48 Hour Cancellation/Reschedule policy. If You Provide Less Than 48 Hour Notice, On Appointments You Will Be Charged For The Full Service Price Of The Appointment and For Classes A Fee Of \$10. Advance 48 hour cancellation/reschedule applies towards winter weather & sick cancellation/reschedule also, if you wait to cancel your appointment you will be charged the full price of the appointment unless we are able to get another client booked in that time spot. If You Do Not Show Or Call To Cancel Your Appointment You Will Be Charged For The Full Service.
- I hereby give Massage Chi 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 Signature: _____

Date: _____