

Client Confidential Intake and Consent Form
For Therapeutic Massage with Angela Lind. LMT
Lic#MA45645

Name _____ Date _____
Address _____
City _____ State _____ Zip _____
Home and cell phone _____
Emergency contact _____
Email _____ Date of Birth _____

Do you have (or have had in the past) any of the following medical conditions?
 Surgeries Blood Clots Psoriasis/Eczema
 High Blood Pressure Cancer Nervous or Psychotic
 Accidents/Injuries Skin Disorders Conditions
 Allergies Arthritis Hiv/Aids
 Contagious diseases Osteoporosis
 Diabetes Cardiovascular conditions

Women only: are you pregnant? Yes No. If yes, number of months _____

Do you have or had in the past any other medical condition, physical illness or limitation that I need to be aware of before you receive massage therapy? Yes No.
If Yes, describe _____

Consent is required to each part of the body. Please indicate with a circle which areas you would like to give consent in every session provided by Angela Lind:
BACK FACE BUTTOCKS LEGS ARMS CHEST HEAD NECK STOMACH FEET

I _____ (client name in print) understand that massage therapy provided by Angela Lind. LMT is intended to enhance relaxation, pain relief, increase range of motion, improve circulation and offer a positive experience of touch. I acknowledge that the information I have provided on this form is correct and current. Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I acknowledge that I have read about all the contraindications of massage therapy and I give my consent to receive massage therapy. I understand that any services provided are not a substitution for medical treatment and that I should see a physician for any physical ailments that I might have. I agree to keep the therapist updated as to any changes in my medical profile. I understand that there shall be no liability on the massage therapist's part should I fail to do so, assuming myself all risk for my health and hold harmless Angela Lind in services performed. 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 held liable for payment "In full". I have read or have had read to me the above consent.

(Client's signature) Date _____