



## Intake Form

Name \_\_\_\_\_ Birth date \_\_\_\_\_  
Address \_\_\_\_\_ Apt \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell phone \_\_\_\_\_ email \_\_\_\_\_  
Occupation \_\_\_\_\_ Referred by \_\_\_\_\_  
Emergency contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### **Medical history**

*Mark all that apply:*

- |                                     |                                       |
|-------------------------------------|---------------------------------------|
| Artificial joints/hardware          | Edema                                 |
| Spinal fusions/bulging discs        | TBI/CSF leak/concussion               |
| Scoliosis/Osteoporosis              | Sinusitis                             |
| Blood clots/varicose veins          | Nerve issues                          |
| Cancer                              | Kidney/liver issues                   |
| Diabetes/hypoglycemia               | Depression/anxiety                    |
| Digestive/elimination/hernia        | Pregnant/IUD                          |
| Skin conditions/sensitivities/scars | Teeth clenching/grinding/TMJ issues   |
| Migraines/Headaches                 | Pelvic floor symptoms/diastasis recti |
| Seizure disorder/vertigo            | Other _____                           |

List any medications you are taking \_\_\_\_\_

Briefly describe your health/exercise habits \_\_\_\_\_

Have you ever had deep tissue massage before? \_\_\_\_\_

Are there any concerns, or anything you need to tell me to make this as positive an experience as possible? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Cancellation policy:** No-shows or cancellation of a session without 24-hour notice will result in a charge of the session fee.

I give permission for Somata Massage to send appointment reminders via text. I understand that certain medical conditions or symptoms may contraindicate massage/bodywork. In some cases a referral from my primary care provider may be required before services can be provided. By signing below, I affirm that I have disclosed all my known medical conditions and answered all questions thoroughly and honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that my failure to do so releases the therapist from any liability. I further understand that massage/bodywork acts on the tissues of the body and cannot substitute for the examination, diagnosis or treatment by a medical doctor, chiropractor, mental health professional, or other qualified practitioner. Finally, I understand that I am responsible for communicating to the therapist any adjustments to pressure, technique or body region necessary to maintain my level of comfort. I understand that, although the therapist will do her best to avoid it, deep tissue massage can result in muscle soreness that can last for several days, and on rare occasions, minor bruising. This is a professional massage setting; 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 scheduled appointment. I agree to allow my credit card to be stored in an encrypted form in Square to be charged for any session that I do not give 24-hour notice to cancel.

Signed \_\_\_\_\_ Date \_\_\_\_\_