



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 _____