

CONFIDENTIAL CLIENT INTAKE FORM FOR RIVER THERAPEUTIC MASSAGE

Name _____ How did you find me? _____

Address _____ City, ST _____ Zip _____

Primary phone # H W C _____ Other# H W C _____

Email _____ Sign up for Monthly Newsletter? _____

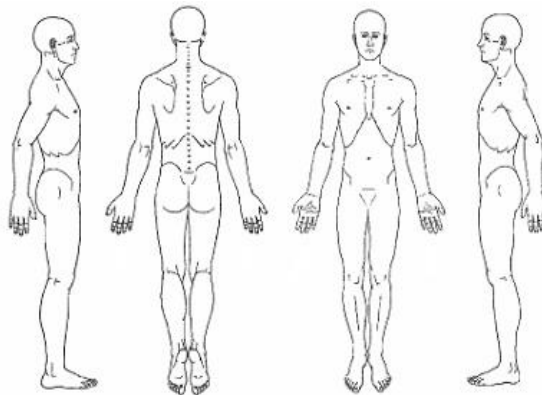
Preferred method of contact? Phone Text Email Occupation: _____

Age _____ Date of Birth _____ Female Male Overall physical condition _____

Emergency contact _____ Phone _____ Relationship _____

DO YOU HAVE ANY OF THE FOLLOWING TODAY?

- Sunburn
- Inflammation
- Severe Pain
- Headache
- Cuts, Burns, Bruises
- Irritated Skin or Rash
- Poison Ivy
- Cold or Flu



WHAT TYPE OF TOUCH DO YOU PREFER?

- Light to Medium pressure
- Deep, Trigger Point
- Something In-between

WHAT ARE YOUR GOALS FOR TODAY'S MASSAGE?

- Relaxation/Stress Relief
- Injury/Pain Relief

Approx hours of exercise daily _____
 Approx hours at desk/computer daily _____
 Approx how much water do you drink daily? _____

CIRCLE ANY AREA(S) WHERE YOU FEEL DISCOMFORT

CHECK IF YOU ARE CURRENTLY EXPERIENCING ANY OF THE FOLLOWING, PLEASE EXPLAIN BELOW

<input type="checkbox"/> Pain or tenderness	<input type="checkbox"/> Numbness/Tingling	<input type="checkbox"/> Stress	<input type="checkbox"/> Stiffness/Swelling
<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> AIDS/HIV	<input type="checkbox"/> Heart Problems
<input type="checkbox"/> High/Low Blood Pressure	<input type="checkbox"/> Osteoporosis/Osteopenia	<input type="checkbox"/> Headaches/TMJ	<input type="checkbox"/> Artificial Joints
<input type="checkbox"/> Digestive/Stomach Issues	<input type="checkbox"/> Sensitive Skin/Skin Issues	<input type="checkbox"/> Cancer	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Respiratory Issues	<input type="checkbox"/> Nervous System Issues	<input type="checkbox"/> Allergies

Details/Other _____

Any serious diseases/disabilities/accidents _____

Have you received Massage Therapy before _____ How often? _____

What did you like/dislike about your previous massage(s)? _____

Do you have any skin sensitivities to any oils or lotions (including nut oils)? _____

Any preference regarding the use of essential oils in your massage? _____

Comments _____

I have provided all my known medical information to the best of my knowledge. I understand that Massage Therapy is not a substitute for medical diagnosis and treatment. I take full responsibility for alerting my practitioner to any physical, mental or emotional changes that occur with my health. I give my consent for treatment.

Signature _____ Date _____

Therapist Signature _____

RTM Policies

“Life is what happens to you while you’re busy making other plans.” –John Lennon

We understand that life can be complicated; in the event of unavoidable life events or illness, we reserve the right to waive any fees. Please be considerate of my time and of others who may be waiting for an appointment.

These policies are in place to encourage common courtesy.

Late Arrival: Out of respect and consideration for your therapist and other clients, please plan accordingly and plan to arrive at your scheduled time or even 5 minutes early. We understand that issues occur – if you are running late, please call and let us know. We will do our best to accommodate you. Your session may be shortened if there are others whose appointments follow yours. Regardless of the length of treatment actually given, you will be expected to pay the full amount for the session that is scheduled.

Cancellation: We respectfully require a minimum of 24 hour advance notice if you must cancel your appointment. This allows an opportunity for another client to schedule their appointment for that time. There is no penalty incurred for this type of cancellation.

Late Cancellation: If you cancel your appointment with less than 24 hour notice, you may be charged for all or part of your visit.

No-Show: If you do not show up for your appointment, you will be charged a minimum of 50% of the regular fee for the visit.

Note: Repeated occurrence of Late Arrivals, Late Cancellations or No-Shows and/or refusal to pay for additional fees applied in connection with these policies may result in dismissal from the practice.

Gift Certificates and coupons may be voided by failing to keep your appointment (No-Show) or cancelling without sufficient notice (Late Cancellation).

Illness: If a client presents with signs and/or symptoms of illness that contraindicates massage (fever, undiagnosed rash, contagious infection), the session will be rescheduled. This is to protect both the client and the therapist. If you are sick, coming in for a massage will not make you feel better, and you risk infecting your therapist and other clients. Please call and reschedule your appointment.

We agree to respect your time and any of your appointments scheduled with us. We will attempt to begin your appointments on time and notify you as soon as we can if any appointment needs to be rescheduled or cancelled.



Payment in full is expected before or after treatment. All clients, whether they have received treatment or booked an appointment are bound by this policy without any prejudice or exception. Preferred forms of payment are cash and credit cards. Local checks are accepted with a valid NYS driver's license. There will be a \$25 fee for returned checks.

Rebook Discount: Save 10% off of your next visit when you book your appointment before you leave. The appointment must be within 30 days. Rebook discount applies to regular prices and same service only.

Gift Certificates are non-refundable. Original certificate must be presented at time of service (no photocopies).

Massages given are purely therapeutic and in no way are sexual in nature. Any suggestive statements or actions will result in immediate termination of session wherein the client pays the full cost of the session. Law enforcement will be notified if deemed appropriate.

I have read and understand RTM Policies as listed above.

Signature: _____ **Date:** _____

Policies subject to change at any time. Please contact me if you have any questions or concerns. You can reach me by phone, text or email. Wishing you Peace –Karen

