

# Tranquil Existence Intake Form

## Client Information

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Referred By \_\_\_\_\_

In case of emergency: Name \_\_\_\_\_ Phone \_\_\_\_\_

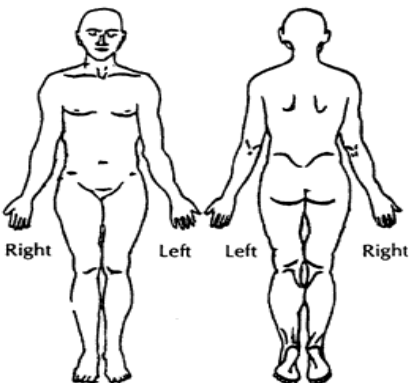
## Medical History

Are you pregnant Yes \_\_\_\_\_ No \_\_\_\_\_

List all health conditions that have affected you in the past or currently: Examples include-diabetes, high blood pressure, etc.

Please indicate any areas to avoid \_\_\_\_\_

Circle any specific areas you would like the massage therapist to concentrate on during the session:



## Patient Consent for Treatment

Please read and sign below.

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage/bodywork 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 of which I am aware. I understand that massage/bodywork practitioners 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. Because massage/ bodywork 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 agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so.

**Client Signature** \_\_\_\_\_ **Date** \_\_\_\_\_