



Thank you for scheduling an appointment with me.

Please fill out my intake form to the best of your ability, and sign the consent after reviewing each section

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## Consent for Massage Therapy

I am choosing to receive Massage therapy, and I consent to receive treatment. I have provided my therapist with all information regarding my health conditions I am aware of and will update my therapist of any changes in my health. I have read (and initialed where appropriate) each section of this intake form

\_\_\_\_\_  
Signature of client \_\_\_\_\_  
Date

For minors, please add the signature of a parent or legal guardian:

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date  
Relationship \_\_\_\_\_

## Client information

Name \_\_\_\_\_ Birth date \_\_\_\_\_  
Address \_\_\_\_\_ Unit # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: home \_\_\_\_\_ mobile \_\_\_\_\_ work \_\_\_\_\_  
Email \_\_\_\_\_  
Occupation \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ phone \_\_\_\_\_  
relationship \_\_\_\_\_  
How did you hear about Massage For Seattle \_\_\_\_\_  
Have you had massage therapy before \_\_\_\_\_ Approximate date of last massage \_\_\_\_\_  
Goals for this massage session \_\_\_\_\_

## Client basic health information

For section below, please make comments where appropriate.

Injuries, Surgeries, Major Illnesses - date and treatment provided

Do you currently have a fever, infection, inflammation, skin rash, athlete's foot, wart, or other contagious disease?

( ) Yes : please describe:

Do you currently have a headache, any muscle aches or pains? ( ) Yes : please describe:

Are there any aches or medical complaints that you often have, but not right now? ( ) Yes : please describe:

Any other problems or conditions with your muscles? ( ) Yes : please describe:

Please describe any allergies.

Are you pregnant, recently pregnant or nursing? ( ) Yes

Any respiratory system conditions? ( ) Yes : please describe below:

Any problems or conditions with your bones? ( ) Yes : please describe below:

Any heart or circulatory system conditions? ( ) Yes : please describe below:

Any problems or conditions with your immune system? ( ) Yes : please describe below:

Any Endocrine system conditions ( ) Yes : please describe below:

Any nervous system conditions? ( ) Yes : please describe below:

Self Care and Stress Reduction techniques:

current medications

## Privacy Practices

Massage For Seattle Inc. (MFS) is dedicated to excellence and integrity for the massage and bodywork profession. Our confidentiality and privacy practices are as follows:

### Maintenance/Retention/Storage of Client Records

Hardcopy records will be maintained in a confidential manner when not in use by the practitioner. Client records will be stored for a period of three years (pursuant to WAC 246-830-570) from the date of the client's most recent massage service at MFS. After three years the client records will be destroyed

### Email

MFS uses email in its regular course of business for general correspondence and scheduling. Emails are not maintained as an ongoing part of the client's records unless they are specifically copied into the client's file.

Client Rights

Clients may request, in writing, to see or obtain a copy of their records. The client may request that corrections be made if they identify errors or mistakes. Access to records will be made by appointment, within 30 days of receipt of written request. A fee may be charged for copying and sending requested records. Requested records are sent standard US mail unless the client requests they be sent via express mail (at client’s expense.)

Use of Client Records

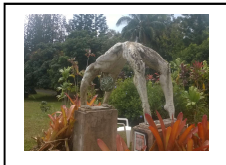
Client records are for the sole use of MFS. No records or information will be released without the written authorization of the client except as follows: As compelled by law (such as a subpoena), Ancillary service providers such as bookkeepers, MINDBODY (scheduling and bankcard services), or any other bankcard service providers may have access to: client names; financial transactions between the client and MFS; and related information to such transactions. MFS will only use vendors with appropriate non-disclosure or confidentiality agreements.

**Draping, table temperature, and other adjustable considerations.**

Notwithstanding the confusion regarding WAC 246-830-560 and my longstanding practice of using standard draping techniques with most of my clients, it is your right to be as comfortable as possible with regard to draping. However communication between you and your therapist is very important and having that communication prior to the massage is the most ethical way to approach this. Hence this form: a guide for discussion and a CYA for me for those clients who don’t want to cover theirs.

Please consider your level of comfort and modesty and choose the draping style(s) that works best for you and allows you to have the minimal amount of clothes on to be comfortable. Naked under the sheets with standard draping should maintain both warmth and modestly. Please initial where appropriate. Do not request a less modest draping style after you are already on the table and under the top sheet unless you are having an emergency situation. That is, even if you want to begin with a sheet and blanket if you know you might not want a top sheet let me know **before** the massage begins. Removing your own sheet without prior consent is grounds to stop the massage.

Also, please let me know if you prefer the table to be warmer or cooler. I usually have it set a degree or two above body temperature unless I know in advance to shut it off or raise it up. Having more or fewer blankets is also an option. Sadly, the room itself is not as easy to adjust.



**Section A (for all clients):**

**No draping at all.** \_\_\_\_\_

Just like it says

**Standard Draping** \_\_\_\_\_

This is my default drape, and without you choosing a different option, this is what I will use with you.

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**Loose draping for warmth only.** \_\_\_\_\_



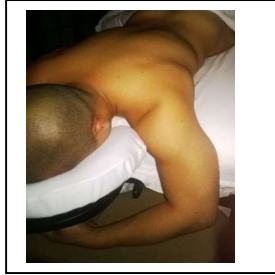
Your draping preference is about maintaining warmth, but you like having the sheets looser and

aren’t concerned about inadvertent exposure of your body

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Adjustable arm rest.

If you like your arms forward and supported, please ask for the armrest to be adjusted.



Likewise, the face cradle is adjustable, eye pillows and body cushions are available, and the table can be set up so you can be semi-recumbent. My goal is that you are comfortable safe and secure.

**Section B (Variations on breast drapes)**



For standard draping I use a breast drape for working on the abdomen of women. Let

me know if you **do not** want one used \_\_\_\_\_

**For Lomi clients I generally do not use a breast drape.** \_\_\_\_\_

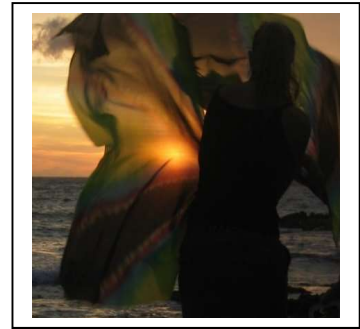
A loose hand towel is also an option. \_\_\_\_\_



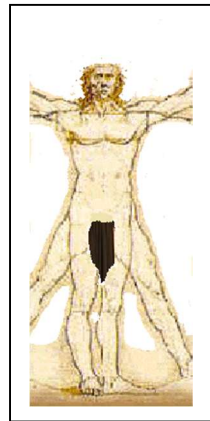
If you want more than a loosely placed towel as a breast drape, please consider a different treatment style as the Temple Style Lomi work that I was taught calls for long strokes along the side of the body.

**Section C (Lomi variations)**

For my lomi clients I use a sarong as the drape. Most of the massage time it is folded up to cover the genitals or gluteal cleft, but at points it is fanned over and off the client.



If you want to maintain a bit more coverage while the sarong is fanned, a hand towel can be set under and in place of the sarong, so while the sarong is lifted, the towel stays in place



Other \_\_\_\_\_

Lomi breast drape photo, <http://professerflowers.wikispaces.com> is licensed under a [Creative Commons Attribution Share-Alike 3.0 License](https://creativecommons.org/licenses/by-sa/3.0/);

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