



Lower Bucks
Total Health and
Wellness Center, P.C.

NEW MASSAGE PATIENT INTAKE FORM

Name _____ Date _____

Address _____

Date of Birth _____ Home Number _____ Cell Number _____

Email Address _____

Emergency Contact _____ Phone Number _____

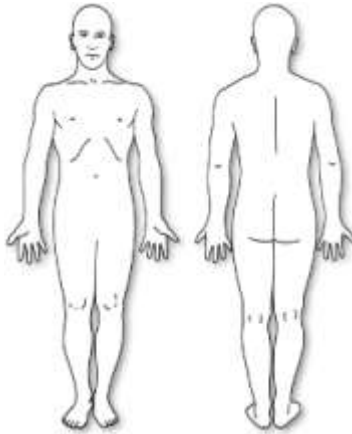
Referred By (If Any) _____

Is your condition due to a motor vehicle or work related accident? YES / NO

If Yes, have you filed a claim with your auto insurance or worker's compensation? YES / NO

Attorney's Name (if applicable) _____ Telephone _____

Mark an X where you have any pain or other symptoms



Please describe when and how your problem began below

Are you presently taking any medications? YES / NO (If yes, please list them below)

Have you had a recent injury or major surgical procedure? YES / NO (If yes, please list them below)

**Circle any of the following conditions that apply to you, past and present.
If needed, please add your comments to clarify the condition.**

Headaches	Indigestion	Rashes
Joint stiffness/swelling	Constipation	Allergies
Spasms/cramps	Intestinal gas/bloating	Athlete's foot
Broken/Fractured bones	Diarrhea	Acne
Strains/Sprains	Irritable bowel syndrome	Impetigo
Back, hip pain	Crohn's Disease	Hemophilia
Shoulder, neck, arm, hand pain	Colitis	Tuberculosis
Leg, foot pain	Numbness/tingling	Chest, ribs, abdominal pain
Problems walking	Fatigue	Loss of Appetite
Jaw pain/TMJ	Sleep disorders	Depression
Tendonitis	Ulcers	Difficulty concentrating
Bursitis	Paralysis	Hearing Impaired
Arthritis	Herpes/shingles	Visually Impaired
Osteoporosis	Cerebral Palsy	Diabetes
Scoliosis	Epilepsy	Fibromyalgia
Dizziness	Sciatica	Plantar Fasciitis
Shortness of breath	Multiple Sclerosis	Cancer
Fainting	Muscular Dystrophy	Low blood pressure
Cold feet or hands	Parkinson's Disease	High blood pressure
Cold sweats	Stroke	Asthma
Heart condition	Pregnancy	Other _____

I understand that a massage Therapist does not diagnose disease, illness, or prescribe any treatment or drugs, nor do they provide spinal manipulation. I understand that Alicia DeMasi may end the session for any inappropriate behavior. I have stated all of the conditions that I am aware of, and this information is true and accurate. I will inform Alicia DeMasi of any changes in my status.

Client's Signature _____ **Date** _____

CONSENT FOR THERAPY AND WAIVER OF LIABILITY

The undersigned client hereby freely consents to receipt of massage services from Alicia Demasi.

Client agrees as follows:

Client understands and agrees that they will provide Alicia DeMasi with complete and accurate health information and a written referral from client's primary healthcare provider if they are currently receiving care or has a specific medical condition or symptoms for which client takes medication or receives periodic evaluations or treatment. Client understands that massage therapy is designed to be an ancillary health aide and is not a suitable form for primary medical treatment for any condition.

1. Client and Alicia DeMasi have discussed the potential benefits and possible side effects of massage therapy and have agreed upon a course of focused attention and manually therapy for the predetermined goals of stress reduction, relief of muscular discomfort, and/or promotion of general health. Client has been given an opportunity to ask questions of the Therapist and has received all requested information.
2. Client understands that the unclothed body will be draped at all times for warmth, sense of security and as a mark of massage therapy professionalism. Client agrees to immediately inform Alicia DeMasi of any unusual sensation or discomfort so that the application of pressure may be adjusted to their level of comfort. Client understands that massage therapy is not sexual in any manner and that any illicit or suggestive remarks or behavior on the client's part will result in an immediate termination of the therapy session. Client understands that payment will be expected in full regardless of whether the massage is completed or not.
3. Client hereby assumes full responsibility for receipt of the massage therapy and releases and discharges Alicia DeMasi from any and all claims, liabilities, damages, actions or causes of action arising from the therapy received hereunder including, without limitation, any damages arising from acts of active or passive negligence on the part of the Alicia DeMasi to the fullest extent allowed by law.
4. Client, in signing this consent for Therapy and Waiver of Liability ("Consent"), understands and agrees that this Consent will apply to and govern the current and all future therapy sessions performed by Alicia DeMasi

Client Signature

Client Printed Name

Date

Massage Therapist Signature

Massage Therapist Printed Name

Date