



Client Intake Form and
Release Form for Massage

Name _____ DOB _____ Phone # _____

Address _____

Email address (not shared outside) _____

Emergency contact/phone _____

Please read and sign: Massage and bodywork are for the basic purpose of relaxation and muscular tension. If I experience any pain or discomfort during this session I should immediately inform the therapist to alter the pressure of the strokes. It can be normal in some individuals for soreness to occur for 24/48 hours following a massage session. I understand that massage therapists do not diagnose or prescribe for physical or mental diseases and that nothing said during the massage session should be construed as such. I have also informed the therapist of all medical conditions and understand that some medical conditions are contraindicated for massage therapy. I will not hold the massage therapist responsible for any issues that arise for non-disclosure of these conditions.

Client Signature _____ Date _____

Policy Notification: No sexual advances will be tolerated. In the case of inappropriate behavior I reserve the right to cease our session at any time. Client will still be responsible for the full cost of the session. Draping practices are followed as required by the State of Missouri Licensing Board.

24 hour cancellation is required to avoid being charged for a session.

Arriving late for an appointment may require the session to be cut short, however, the full amount for the session will be charged.

Client Initials _____