



True Blue Vue

INTEGRATIVE HOLISTIC MASSAGE

CLIENT INTAKE FORM

SECTION A - HEALTH HISTORY

Name: _____

Date of initial visit (dd/mm/yy): _____

Email: _____

Phone number: _____

Date of birth (dd/mm/yy): _____

Referred by: _____

Sports & Activities: _____

Current Medications: _____

Are you pregnant? Y N If yes, how many months? _____

Do you have any allergies to any oils or lotions? Please specify: _____

Do you have any respiratory allergies? Please specify: _____

Please indicate if you under medical care for any of the following: (circle)

heart conditions

high/low blood pressure

fainting or dizziness

back injury

phlebitis/circulatory

headaches or migraine

neck injury

varicose veins

jaw or ear pain

osteoporosis

rheumatoid arthritis

whiplash

cancer

osteoarthritis

nervous system disorders

kidney disease

skin conditions

mental health disorders

diabetes

asthma/respiratory

fibromyalgia

gastrointestinal disorders

reproductive system disorders

epilepsy

other: _____

Please indicate if you received care from any of the following: (circle)

physiotherapist

chiropractor

massage therapist

naturopath

other: _____

Reason for treatment: _____

Number/duration of treatments: _____

Have you had surgery in the past? Y N If yes, for what? _____

Have you had any fractures/sprains in the past? Y N If yes, where? _____

Have you had any serious illnesses in the past? Y N If yes, what? _____

Have you had any of the following regarding your current condition: (circle)

physician examination x-ray other diagnostic tests: _____

What relieves your pain? _____

What aggravates your pain? _____

SECTION B - OTHER INFORMATION

Have you had a massage in the past? Y N If yes, what type? _____

What are your goals for your massage treatments?

Please explain: _____

What type of massage are you seeking? (circle)

Relaxation Therapeutic/Deep Tissue Integrative/Combination

Is there a specific modality of massage you prefer? _____

Are there any areas of your body that you do not want massaged (e.g., abdomen, feet, glutes)?

Please explain: _____

What type of pressure do you prefer? _____

Emergency Contact Name/Phone: _____

SECTION C - INFORMED CONSENT TO MASSAGE TREATMENT

I hereby consent for a *True Blue Vue Integrative Holistic Massage* ("True Blue Vue") practitioner to treat me with massage for the above noted purposes including such assessments, examinations and techniques, which may be recommended by my practitioner.

I acknowledge that the massage practitioner is not a physician and does not diagnose illness or disease or any other physical or mental disorder. I clearly understand that massage treatment is not a substitute for a medical examination. It is recommended that I attend my personal physician for any ailments that I may be experiencing. I acknowledge that no assurance or guarantee has been provided to me as to the results of the treatment. I acknowledge that with any treatment there can be risks and those risks have been explained to me and I assume those risks.

I acknowledge and understand that the massage practitioner must be fully aware of my existing medical conditions. I have completed my medical history form as provided by *True Blue Vue* and disclosed to the practitioner all of those medical conditions affecting me. It is my responsibility to keep the massage practitioner updated on my medical history. The information I have provided is true and complete to the best of my knowledge.

I authorize my massage practitioner to release or obtain information pertaining to my condition(s) and/or treatment to/from my other caregivers or third party payers.

I have read the above noted consent and I have had the opportunity to question the contents and my treatment. By signing this form, I confirm my consent to treatment and intend this consent to cover the treatment discussed with me and such additional treatment as proposed by my practitioner from time to time, to deal with any condition(s) for which I have sought treatment. I understand that at any time I may withdraw my consent and treatment will be stopped.

I have read and understand the policies of True Blue Vue detailed at <https://www.truebluevue.com/p-o-l-i-c-y> and agree to abide by these policies.

Client Name _____

Signature of Client/Guardian _____

Witness _____

Date Signed _____