

# MASSAGE THERAPY INTAKE/CONSENT TO TREAT FORM



## Personal Information

Full Name

Date of Birth:

Emergency Contact Name

Emergency Contact  
Phone Number

**Main concern(s) you would like us to help you with:**

Have you had massage therapy before? \*

- Yes  
 No

Describe current concern(s): \*

Current Emotional Stress scale: (0 - no stress, 10 - extremely stressed)

## Medical History

Surgeries (please list all with approximate dates)

**Significant Trauma (auto accidents, falls, hospitalizations, etc Please date with approximate date of injury);**

**Medication: Please list below Drug Name, and For what Purpose/Condition**

**Please list any allergies:**

**Medical History (please check all that apply):**

- Anxiety
- Arthritis
- Asthma
- Abdominal pain/cramps
- Arteriosclerosis
- Blood clots
- Bleed or bruise easily
- Connective tissue disorder
- Cancer
- Concussion
- Constipation
- Diabetes
- Depression
- Edema (swelling)
- Endometriosis
- Foot/ankle pain
- Grinding teeth/jaw problems
- Gout

**Medical History (please check all that apply):**

- Heart Disease
- High Blood Pressure
- Headaches
- Hip pain
- Knee pain
- Low blood pressure
- Low back pain
- Loss of balance
- Mid back pain
- Multiple Sclerosis
- Neck pain
- Nausea
- Neurological syndrome
- Numbness/tingling
- Osteoporosis
- Psoriasis
- PTS (PTSD)
- Phlebitis
- Scoliosis

**Medical History (please check all that apply):**

- Scoliosis
- Sinus problems
- Seizures
- Scar tissue
- Shoulder pain
- Spine/disc issues
- Stroke
- Varicose veins
- Vertigo
- Other

**Please describe any checked boxes further, if needed:**

**Exercise \***

- Exercise Often (4+ times a week)
- Exercise Occasionally (1-3 times a week)
- Exercise Seldom (less than 1 time a week)
- Do strenuous workouts (HIIT, cross fit, marathon/triathlon training, etc.)
- Do mostly cardio
- Do mostly strength training
- Balanced mix of cardio and strength
- Do stretching/yoga
- Walking
- Other
- Do not exercise

**Is there anything else about your health history that you think would be useful for your massage practitioner to know to plan a safe and effective massage session for you?**

By signing below, I acknowledge that I have completed this intake form accurately and to the best of my knowledge. I have read and understand the information provided, and I give my consent to receive massage therapy and/or bodywork treatment from Golden West Wellness. I understand that massage therapy is for the purpose of relaxation, stress reduction, and relief of muscular tension, and is not a substitute for medical care. Massage Therapy, Reflexology, Bodywork & Cupping

– **Informed Consent to Treat** I understand that massage therapy, reflexology, bodywork, and therapeutic cupping are provided for stress reduction, relaxation, relief from muscular tension, improvement of circulation, and enhanced energy flow. If I experience pain, discomfort, or unusual sensations during the session, I will immediately inform my therapist so that techniques, pressure, or cups can be adjusted to my level of comfort. Therapeutic Cupping I understand that therapeutic cupping involves the application of specialized cups to create suction on the skin and underlying tissues. The intended outcomes of cupping may include: - Relief of muscular tension and tightness - Increased circulation and lymphatic flow - Reduction of pain and inflammation - Promotion of relaxation and improved range of motion I acknowledge that temporary marks, skin discoloration, or mild soreness may result from cupping. These effects are common, generally harmless, and typically resolve within several days. I will not hold my therapist and/or Golden West Acupuncture and Wellness responsible for any temporary skin changes, discomfort, or post-session soreness related to cupping or massage services. Scope of Practice I understand that massage therapy, reflexology, bodywork, and cupping are health aids and are not a substitute for medical examinations, diagnoses, or

treatments. Therapists do not diagnose illness, prescribe medical treatment, or perform spinal manipulations. I have disclosed all known medical conditions and will keep my therapist updated on any changes to my health. Scheduling and Deposit All massage and cupping appointments require a \$45.00 deposit at the time of scheduling to hold the appointment. - This deposit will be applied toward the service fee at the time of the appointment. - If I cancel with less than 24 hours' notice or do not attend my scheduled appointment, I understand that I forfeit the \$45.00 deposit. - If I continue to book future appointments, I may request to keep my deposit on file and apply it toward upcoming sessions. - Each appointment requires a new deposit at the time of booking. Professional Standards Massage therapy, reflexology, bodywork, and cupping are strictly therapeutic and non-sexual. Any illicit or sexually suggestive remarks or advances will result in immediate termination of the session, full payment of the scheduled service, and notification of law enforcement. By signing this consent, I acknowledge that I have read, understood, and agree to the policies above, and I release my therapist, Golden West Acupuncture and Wellness, and/or its agents from any liability relating to these services.

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*Signature*

*Date:*