



HIGH PERFORMANCE MASSAGE

Short Form Intake

Location, Structure, & Classification: _____ Date: 20 ____ - ____ - ____

Name: _____

E-Mail: _____ Mobile Phone: _____

Lifestart Location or Event _____

Do you presently have a Contagious Condition / Fever / Are You Intoxicated? -----Yes / No

Reason for seeking massage therapy: _____

Does anything limit your care? -----Yes / No

If yes, explain: _____

What type of pressure do you think you would enjoy (1=light → 5=heavy)? _____

Rate your stress level (1=little → 5=extreme) _____ Stress source _____

Where do you think you carry your stress? _____

Do you think that you're well hydrated? -----Yes / No

Do you stretch regularly? -----Yes / No

Do you experience frequent or intense headaches? -----Yes / No

If yes, describe: _____

Could you be pregnant? - Due date: ____ / ____ / ____ -----Yes / No

Do you participate in any exercise activities?

Weight Resistance Training / Running / Biking / Swimming /Other _____

Frequency & Duration: _____

Front



Right

Back



Left

Front



Right

Back



Left

Right

Please illustrate any area to describe what you might be feeling.



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Agreement:

I understand that the massage/body-work I receive is intended for the purposes of increased circulation, relaxation, & relief of soft tissue tension. If I experience any pain or discomfort during the session, I will immediately inform the practitioner so that the pressure &/or techniques may be adjusted to my level of comfort. I further understand that massage/body-work should not be construed as a substitute for medical examination, diagnosis, or treatment & that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage/body-work practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, & that nothing said in the course of the session given should be construed as such. Because massage/body-work should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions & answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile & understand that there shall be no liability on the practitioners part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, & I will be liable for payment of the scheduled appointment. Additionally, I understand that High Performance Massage is separate from and unaffiliated with any Lifestart Wellness Center. I agree to waive all claims against Lifestart, their officers, and affiliates based on any act or omission of High Performance Massage, its agents, or employees.

Client Signature: _____ Date: _____

Printed Name: _____

Therapist Signature: _____ Date: _____

(2/2)

Follow-Up Questions: (for therapist use only)

How do you feel? _____

Was the pressure appropriate or need adjustment? _____

Did the session accomplish your expected goals? _____

Do you have any comments or questions? _____

Would you like to receive e-mail info & promos from HPM? _____