

Jamie Bellermann  
Certified Massage Therapist

Client Intake Information

The information you provide will help your massage to be more relaxing, more therapeutic, and more enjoyable. All information submitted is confidential.

Name \_\_\_\_\_ Date \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

What would you like from your massage? Are there any specific areas of your body that need extra attention? Are there any areas of your body that you prefer not to be massaged, for physical sensitivity or personal comfort? (You will be draped to insure your privacy.)

What kind of work do you do? Are there other activities that affect your body? Are there any problems or consistent pains that appear in your work or recreation?

Please list any medical conditions, surgeries, or significant injuries with their date of onset and any medications used to treat them.

How deep do you like the pressure of your massage? (1-10) \_\_\_\_\_

How high is your stress level? (1-10) \_\_\_\_\_

**Client informational statement:** The purpose of the massage is to maintain good health and physical wellbeing; massage cannot diagnose or cure injuries or conditions, nor can it take the place of a doctor's care when indicated. The client or therapist has the right to terminate the session at any time; any inappropriate or suggestive behavior is grounds for termination of the session. Your session begins at the set time and ends when you leave the treatment room. If you need extra time to get dressed and collect yourself, let me know and I will build that into the session.

**Cancellation policy:** 24 hours notice must be given to cancel a session. Otherwise, a fee of 50% of the cost of the session will be charged. No-shows will be similarly billed.

If you are sick or "coming down with something," please cancel your session, for your health and the health of the therapist, and the cancellation policy will be waived.

**COVID-19 Policy:** Massage therapy occurs in a close space that is potential environment for COVID transmission. ALL POSSIBLE STEPS are taken to safeguard your safety and mitigate the risk of transmission. Client will be asked about any symptoms and exposure before each session, and are expected to be practicing good hygiene, social distancing in their lives, and willing to report any changes in their health or exposure.

I understand all the above and have provided correct information.

Client signature: \_\_\_\_\_