

**TMC**  
*Therapeutic Wellness Centre*  
CLIENT INTAKE FORM

We appreciate you completing as many areas of this form as possible as we tailor the massage to your specific needs.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
(PLEASE PRINT)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ (email addresses are only used for TMC

HOME PHONE: \_\_\_\_\_ marketing, and are not sold for any other purpose)

CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

PLEASE CHECK THIS BOX IF YOU DO NOT WANT TO BE CONTACTED BY MAIL OR EMAIL.

DATE OF BIRTH: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

MARITAL STATUS:  Married  Single

SEX:  Male  Female

If married Anniversary Date \_\_\_\_\_ (This is only for promotions that we might offer)

REFERRED BY: \_\_\_\_\_

Flier  Home Tn. Val.  Sign  Bill Board  Internet  Qwest Dex Directory

Other: \_\_\_\_\_

PRESENT SYMPTOMS: (What is your major complaint or condition you want to improve?)

WHAT BROUGHT IT ON? \_\_\_\_\_

LIST ANY MEDICATIONS YOU ARE TAKING: \_\_\_\_\_

HAVE YOU HAD MASSAGE OR ANY KIND OF BODYWORK PRIOR TO TODAY?

Yes  No

WHAT WERE THE RESULTS? \_\_\_\_\_

LIST OTHER THERAPIES YOU RECEIVE: \_\_\_\_\_

DO YOU HAVE ANY HEALTH CONDITIONS, INCLUDING PREGNANCY, THE THERAPIST NEEDS TO BE AWARE OF BEFORE TODAY'S BODYWORK SESSION? \_\_\_\_\_

PLEASE LIST ANY ADDITIONAL COMMENTS REGARDING YOUR HEALTH AND WELL-BEING: \_\_\_\_\_

I have stated all conditions that I am aware of and this information is true and accurate. I will inform my therapist of any changes in my status.

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TMC**  
*Therapeutic Massage Centre*

CLIENT POLICIES

- 🔗 Sessions will begin and end at scheduled times. Sessions begun late due to your late arrival will end at the appointed time and are full price.
- 🔗 Therapist will wait 15 minutes after the scheduled appointment before canceling the session.
- 🔗 Cancellations or Rescheduling must be done 12 hours prior to the appointment time or payment for the massage will be required. Pre-payment will be required if you miss more than one scheduled appointment without canceling. (Initial)\_\_\_\_\_ (Date)\_\_\_\_\_
- 🔗 You will be asked to provide a health history and update when necessary.
- 🔗 Payment is expected at the time service is rendered.
  - Please note there is a \$20 fee on all returned checks. (Initial)\_\_\_\_\_
- 🔗 Sexual harassment is not tolerated. If the therapist's safety feels compromised, the session will be stopped immediately and payment will be at full price.  
➔ Please initial here showing you have read this statement: \_\_\_\_\_

What You Can Expect From Us & How to Prepare for Your Session

- 🔗 You can expect a competent and professional session each time you come for an appointment.
- 🔗 You will be treated with respect and dignity regardless of your age, gender, race, national origin, sexual orientation, religion, etc. Sexual harassment is not tolerated. If your safety feels compromised, you may immediately end your session.
- 🔗 Your privacy and confidentiality will be maintained at all times.
- 🔗 You will be draped with a sheet or towel at all times during the session. Only parts of the body being worked on are exposed at any time. The genitals are never exposed or massaged.
- 🔗 Please arrive for your appointment clean, having showered the same day as the treatment.
- 🔗 It is recommended that you do not eat a heavy meal or exercise within two hours of a massage treatment.

I have read and understand the above policy statements and agree to comply with what is required.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date