

Adagio Healing New Client Intake Form

Name _____ Email _____

Birthday _____ Phone _____

Address _____

Street

City

State

Zip

Emergency Contact _____

Name

Phone Number

Have you ever received massage therapy? Yes No If yes, have you ever had issues arise after receiving massage therapy? _____

Do you have any ongoing muscular/skeletal issues? _____

Have you had any major surgery or medical issues in the last 5 years? _____

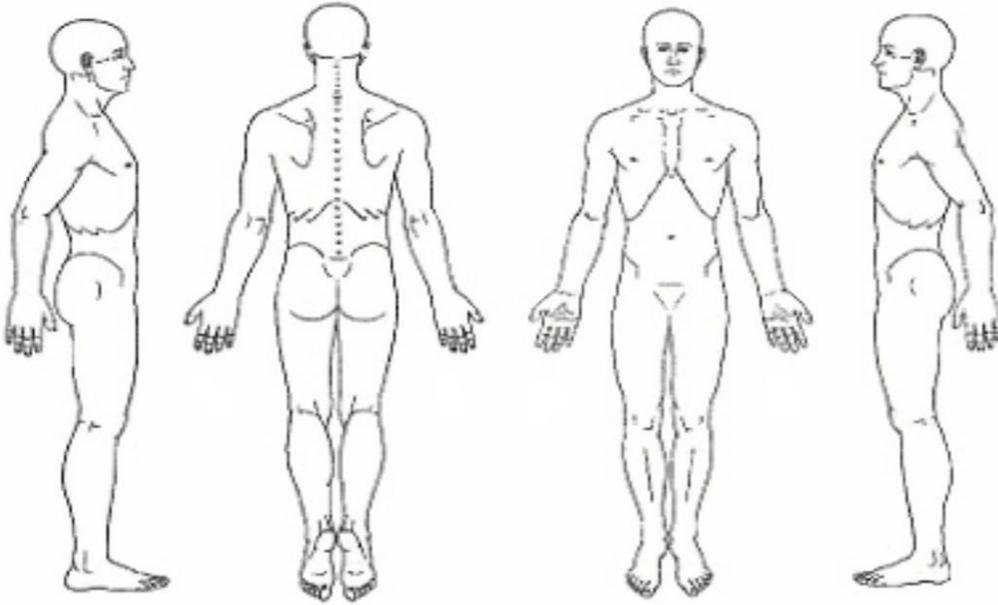
Have you ever had cancer? Yes No If yes, provide types and dates: _____

Any medications and/or allergies? _____

How did you hear about us? noticed the sign Facebook internet search referral

_____ _____

What benefits do you hope to receive from massage therapy? (i.e. stress relief, pain relief, increased wellness)



I realize that I, the client, am responsible for keeping my massage therapist informed of any condition or health issue that may affect the session. The information shared on this form and during each session is kept confidential between the therapist and myself. I, the client, understand that massage is a form of health and wellness maintenance, which may facilitate various types of healing, however, is not intended to replace medical treatment if otherwise necessary. Any suggestions made by the massage therapist in relation to any health issues are recommendations and not prescriptions.

Adagio Healing does not handle insurance claims; however we are glad to give you a receipt.

A gentle reminder: Please call 24 hours *prior* to scheduled appointment to avoid paying the full fee of the scheduled session. (First time emergencies and illness will be taken into consideration). A \$25 fee must be paid for not showing up at all. Please arrive on time for your session to receive the full benefit.

Adagio Healing Massage Therapists provide non-sexual massage. The therapist can terminate the session at any given time if direct or indirect suggestions are made that place the therapist in an uneasy situation. Full payment will be expected.

I understand and agree to the terms above.

Signature _____ Date _____