

## Massage Therapy Intake Form

Unbound Bodywork

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### Personal Information

Name: \_\_\_\_\_ Preferred Pronoun: \_\_\_\_\_

Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Permission to text? Yes \_\_\_ No \_\_\_ DOB: \_\_\_\_\_ (MM/DD/YY)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Primary Medical Doctor's Name: \_\_\_\_\_ Permission to contact, if necessary? Y / N

Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

### Massage Experience

Have you ever had a professional massage before? (Circle one) Y / N

Do you have any difficulty lying on your front, back, or side? (Circle one) Y / N

If so, please explain:

\_\_\_\_\_

Do you have any allergies to oils, lotions, or ointments? (Circle one) Y / N

If so, please explain:

\_\_\_\_\_

What is your goal for today?

\_\_\_\_\_

Are you uncomfortable with any of the following areas to be massaged:

Gluteal Region (Y / N)

Pectoral Region (Y / N)

Face/Scalp (Y / N)

Feet (Y / N)

## Health History

Have you been Diagnosed with any conditions by a Doctor? Y / N

If so, please explain:

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Please list any medications or supplements you are currently taking:

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Please list any injuries/accidents/illnesses affecting you (past or present):

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Please list any surgeries and explain:

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Is there a particular area of the body that you are experiencing tension, stiffness, pain or other discomfort? Please list below:

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**Please indicate any Present (P), Past (X), or Reoccurring (C) conditions:**

\_\_\_\_\_ Numbness/ Tingling

\_\_\_\_\_ Rheumatoid Arthritis

\_\_\_\_\_ Arthritis

\_\_\_\_\_ Sciatica

\_\_\_\_\_ Asthma

\_\_\_\_\_ Osteoporosis/Osteopenia

\_\_\_\_\_ Osteoarthritis Pain

--Location: \_\_\_\_\_

--Muscular or Joint: \_\_\_\_\_

--Chronic? Y / N

\_\_\_\_\_ Bursitis

\_\_\_\_\_ Cancer

-Location: \_\_\_\_\_

\_\_\_\_\_ Carpal Tunnel Syndrome

\_\_\_\_\_ Spasms/ Cramping

\_\_\_\_\_ Chronic Fatigue Syndrome

\_\_\_\_\_ TMJ/ Jaw Pain

\_\_\_\_\_ HIV/AIDS

\_\_\_\_\_ Myofascial Pain/ Dysfunction

\_\_\_\_\_ Diabetes/ Type

\_\_\_\_\_ Fibromyalgia

\_\_\_\_\_ General Fatigue

\_\_\_\_\_ Headaches

\_\_\_\_\_ Heart Condition

Explain: \_\_\_\_\_

\_\_\_\_\_ High/ Low Blood Pressure

## Release Form

By signing this, I agree that I have answered all questions to the best of my knowledge and that I will inform the therapist of any changes in my condition or medication. If I experience any pain/discomfort or would like the pressure adjusted, I will inform the therapist immediately.

I understand that a massage therapist cannot diagnose any illness, disease, or any physical or mental disorders nor can the therapist prescribe any medication and that nothing said in a session should be construed as such. I understand that massage therapy is intended to work in conjunction with my healthcare, not act as a substitute for medical examination. I understand that it is my responsibility to consult a physician for any ailments I may have.

I understand that massage therapy is a therapeutic measure used to reduce stress, muscular tension, and pain. I understand there are no guarantees for recovery and if I am unsatisfied with the progress made with my treatment I will inform the therapist, so he/she may direct me to another treatment. I also understand that massage therapy is non-sexual in nature and any advancement made will terminate the massage.

I understand that certain conditions or medications may contraindicate (not permit) massage or may require the use of alternate techniques or pressure. I respect the decision of the massage therapist and am fully prepared to reschedule the massage for a later date if requested by the massage therapist. I also understand that massage may be advisable by my physician, but not by a massage therapist. In that event, I agree to provide a written agreement from my physician before proceeding with treatment.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Privacy Practice Notice

As required by HIPPA, this notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. This is a synopsis. A copy of this form or the full notice will be supplied to you upon request.

- Unbound Bodywork may share your information with other health care providers that are directly involved with your care upon request.
- From time to time, Unbound Bodywork may utilize your personal information, such as mailing address and phone number, to contact you regarding your care, such as appointment reminders, to discuss treatment or alternatives or to inform you of a promotional event.

These are examples of disclosures that involve Treatment, Payment and Operations.

- Non-TPO disclosures subject to law or authorization may include, court orders, specialized government functions, public health issues, attorneys representing you, concerns of abuse or neglect, law enforcement issues, etc.

### Your Rights

- You may request restrictions on certain uses and disclosures of your health information. These restrictions must be made in writing.
- You may revoke any prior written authorization to release records at any time. You must do so in writing.
- You have the right to receive confidential communication of your private health information.
- You have the right to inspect and copy your health information.
- You have the right to amend your health information.
- You have a right to an accounting of non-TPO disclosures of your private health information.

*(Original information will not be permitted to leave the office or be directly modified. You may write an addendum or have a copying service come to the office, or Unbound Bodywork will make copies for a standard fee allowed by law. If you wish to review, amend or copy your records, you will need to pre-arrange a convenient time for our staff to accommodate you.)*

**Unbound Bodywork reserves the right to change or amend its privacy policy. You will be notified prior to an applicable disclosure only when it applies to you.**

I, \_\_\_\_\_, have read the above privacy policy notice and understand that it is only a synopsis. I understand that a copy of the complete version is available upon my request.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

## Financial Policy and Massage Cancellation Agreement

I understand and agree that payment for all services and supplies provided to me at Unbound Bodywork is my sole and personal responsibility. Unless prior arrangements are made, payment will be made in full at the time of service.

I understand that it is my responsibility to keep Unbound Bodywork updated on my personal information such as; name changes, current address and phone number.

I agree to immediately pay in cash the amount of any returned check plus a service charge of an additional \$10.00

Unbound Bodywork is lenient with missed appointments as we understand that there may be extenuating circumstances at times, however we reserve the right to charge for missed appointments. I understand that 24 hours notice must be given for cancellation of an appointment, unless it is an emergency. I understand that Unbound Bodywork sets aside time for me and that time is valuable and is difficult to refill by another client on short notice. Unbound Bodywork has the right, at its sole discretion, to hold me liable for full payment of the anticipated services lost by my failure to provide adequate notice.

I have read and understand the above financial policy and massage cancellation agreement.

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(Signature)

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(Date)

## COVID-19 Massage Consent

While we take great precaution and care in sanitization and decontamination of our massage space and equipment there remains a risk of exposure due to the prolonged nature of massage therapy. I understand that, because massage therapy work involves maintained touch and close physical proximity over an extended period of time, there may be an elevated risk of disease transmission, including COVID-19.

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*(Signature)*

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*(Date)*