



Please read and complete these forms (3) prior to your appointment with our office. If you have a gift certificate or coupon, please present them to your therapist with these forms.

Confidential Intake Form

We accept Cash/Check/Major Credit Cards

Gratuities can be added to Major Credit Cards

Welcome, we want to make your appointment as pleasant and comfortable as possible, and respect your privacy. Please feel free to ask questions regarding your visit at anytime.

Name _____ DOB _____

Address _____

City/State/Zip _____

Best Contact # _____ Best Email _____

How were you referred to our office?

Advertisement _____

Doctor _____

Friend _____

Event _____

Website Yes No

Our time together is important & valuable. It is requested that you cancel your appointment 24hrs in advance or Pay the missed appointment fee of \$20 .00 I have read & understand this policy.

(client's initials)

I understand that the massage I receive at Massage District is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. _____(client's initials)

I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of. _____(client's initials)

I understand that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat mental illness, and that nothing said in the course of the session given should be construed as such. _____(client's initials)

I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session. I can terminate therapy and/or therapist may end session at anytime and I will be liable for payment of the scheduled appointment. _____(client's initials)

469.269.6585
contact@massagedistrict.com
Massagedistrict.com

Massage District, LLC.
5850 Town & Country Blvd. suite 202
Frisco TX 75034

Client signature: _____ Date: _____



MEMBER
Associated Bodywork & Massage Professionals

Health History Intake

Confidential Information

Current Health

Do you exercise regularly and/or participate in any sports? Yes No
 If yes, which sports? _____

Have you recently suffered an injury? Yes No
 If yes, describe: _____

Areas of inflammation or pain? Yes No
If yes, describe the area of pain and pain value:

<p>Area 1 _____</p>	<p>Area 2 _____</p>
<p>Area 3 _____</p>	<p>Area 4 _____</p>

Additional information _____

Are you currently under the care of a physician? Yes No
 If yes, explain: _____

Have you had recent surgery? Yes No
 If yes, explain: _____

MEDICAL BACKGROUND

Describe any surgeries, hospitalizations, accidents, or injuries you've had:

Less than 2 years ago: _____

More than 2 years ago: _____

Do you have any chronic, ongoing pain on a regular basis? _____

Please explain: _____

Are you currently receiving any other type of medical treatment? _____

Please list reason(s): _____

Please list any medications (vitamins, herbs, or pharmaceutical) taken now or at regular intervals (including what medication is used to treat): _____

Are there any other health concerns you wish to discuss today? YES NO
 If yes, please describe: _____

I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so _____ (client's initials)

Client signature: _____ **Date:** _____

Therapist signature: _____ **Date:** _____



Health History Intake Confidential Information

Massage Information

Have you ever experienced a professional massage? Yes No How recently? _____ How often? _____

What type of therapy do you anticipate to receive during your session?

\$100 Introductory Rate (15 min assessment/ 60min)

Assessment will take place/non-medical massage

FEE SCHEDULE

- | | | |
|--|---|--|
| <input type="checkbox"/> \$140 Medical Massage Therapy (80 min) | <input type="checkbox"/> \$100 Prenatal Therapy (75min) | <input type="checkbox"/> \$60 Massage for Minors > 15 (50min) |
| <input type="checkbox"/> \$120 CranioSacral Therapy 60min (80min) | <input type="checkbox"/> \$140 Pre/Post Sports Therapy (80min) | <input type="checkbox"/> \$80 Massage for Minors < 15 (75min) |
| <input type="checkbox"/> \$100 TMJ/TMD/Headaches (80 min)
<small>includes upper body</small> | <input type="checkbox"/> \$40 Additional (30min) | <input type="checkbox"/> \$10 Foot Scrub(Needed for foot therapy) |
| | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> \$360 (3) MMT PACKAGE (\$120/each)
<small>to be used in 2 mo.</small> |

What kind of pressure do you prefer? light medium firm not sure

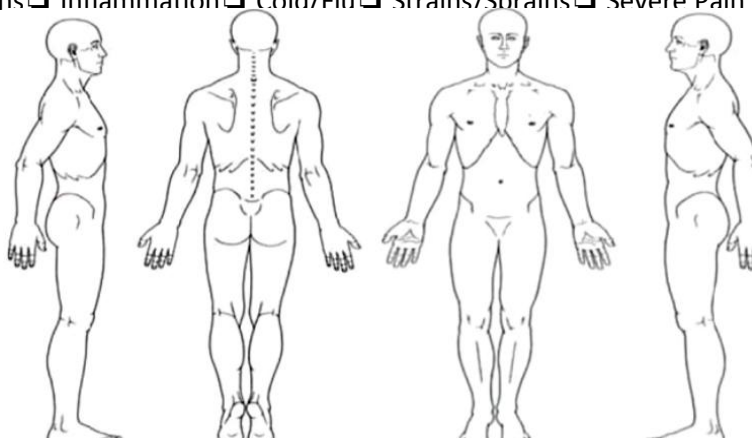
Please check any areas of your body that you would rather **NOT BE MASSAGED** during the session:

Back Feet Legs Buttocks Hands Arms Abdomen Pecs/upper chest Neck Head Face

Do you have any of the following TODAY?

Sunburn Skin Rash Open cuts, bruises, burns Inflammation Cold/Flu Strains/Sprains Severe Pain

Goals/expectations :



Check the following conditions that apply, both past and present.

Please add comments to clarify the condition

Musculoskeletal

- Headaches
- Joint stiffness/swelling
- Spasms/cramps
- Broken/fractured bones
- Strains/sprains
- Problems walking
- Jaw pain/TMJ
- Tendinitis
- Bursitis

Bone or joint disease

- Arthritis
- Osteoporosis
- Scoliosis

Circulatory and Respiratory

- Dizziness /Fainting
- Aneurysm**
- Cold feet or hands
- Swollen ankles
- Varicose veins
- Blood clots**
- Stroke
- Heart condition**
- Allergies
- Sinus problems
- Asthma
- High blood pressure
- Low blood pressure
- Lymphedema

Nervous System

- Numbness/tingling
- Twitching of face**
- Fatigue
- Chronic pain
- Sleep disorders
- Ulcers
- Paralysis
- Herpes/shingles
- Cerebral Palsy
- Epilepsy**
- Chronic Fatigue Syndrome
- Multiple Sclerosis
- Muscular Dystrophy
- Parkinson's disease
- Spinal cord injury

Reproductive System

- Menopause
- Pelvic Inflammatory Disease
- Endometriosis
- Hysterectomy
- Prostate problems

Skin

- Rashes
- Athlete's Foot
- Warts**
- Moles
- Acne
- Cosmetic surgery

Other

- Diabetes
- Fibromyalgia
- Cancer
- Infectious disease (please list)

I have read each condition and none apply past or present

Massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. _____ (client's initials)

Client signature: _____

Date: _____

Therapist signature: _____

Date: _____

