

# AMIE LEE'S THERAPEUTIC MASSAGE, LLC.

60 Rochester Hill Rd, Ste. 9 Rochester, NH 03867

## Client Intake

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Can I text you?  Yes or  No Occupation: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone#: \_\_\_\_\_

Are you on any blood thinner medications?  Yes  No

List of any major Injuries or surgeries relevant to your session today (Write NA if none) :

\_\_\_\_\_

Any allergies or sensitivities (including lotions and scents)? (Write NA if none)

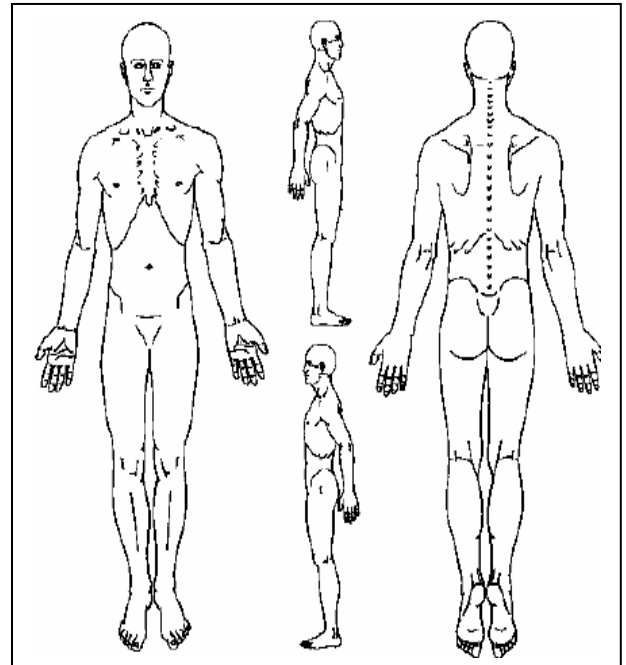
\_\_\_\_\_

Check any you have a history of and circle ones you are currently experiencing.

- Headaches
- Migraines
- Back Pain – upper / middle / lower
- Leg / Knee Pain
- Neck Pain
- Jaw Clinching / Grinding
- Varicose Veins
- High Blood Pressure
- Diabetes
- Bruise Easily
- Arthritis: where? \_\_\_\_\_
- Bursitis: Where? \_\_\_\_\_
- Osteoporosis
- Tendonitis: Where? \_\_\_\_\_
- Anxiety
- Depression
- Sciatica – Left side / Right Side / Both
- Vertigo / Dizziness
- Heart Attack
- Stroke
- Poor Circulation
- Numbness / Tingling: \_\_\_\_\_
- Other: \_\_\_\_\_

Please mark on the body diagram all areas of pain, discomfort, or altered sensations, and use the key below to identify quality of each.  
(Exp: Mark A where it is achy on the body)

A = Ache      B = Burning      P = Pins & Needles  
N = Numb      TH = Throbbing



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## Client Consent

Please take a moment to read the following information and sign where indicated.

**If you have a medical condition or specific symptoms, massage therapy may be problematic for you. A referral from your primary care provider may be required prior to treatment being provided.**

I understand that the treatment I receive is for the basic purpose of relaxation and relief of muscular tension. If at any point during the massage, I am uncomfortable or uneasy with the treatment being administered and/or if I experience pain, I understand it is my responsibility to IMMEDIATELY inform the massage therapist, so that the massage can be terminated, or the techniques and pressure can be adjusted to a level of your comfort.

I further understand that massage therapy is not a substitute for medical examination, diagnosis, and treatment.

1. Prior to a massage, remove all jewelry. Pull long hair back with a tie or clip.
2. Please provide feedback as to pressure (deeper or lighter), temperature (if you are too cold or hot), excessive pain, tenderness, or ticklish areas of your body throughout the massage session.
3. Feel free to ask questions about the massage. The massage therapist is well trained, professional, and ethical, and will be happy to make you feel well informed and comfortable.
4. Any illicit or sexual suggestive remarks or advances will result in immediate termination of the treatment.
5. I agree to cancel an appointment no less than 24 hours in advance of my scheduled appointment time. I strive to create and maintain a professional and respectful environment. In turn, I appreciate your business and respect.

I acknowledge I am here to receive therapeutic massage. I understand that the licensed massage therapist (LMT) will be providing therapeutic massage in accordance with the laws of the State of New Hampshire Advisory Board of Massage Therapists. I agree to hold harmless and indemnify Amie Lee's Therapeutic Massage, LLC. and the LMT against all liability arising from the application of massage therapy. I declare that I have provided the LMT with all relevant information necessary for the proper application of massage and I give my permission for such therapy. Modest draping will be used during the session. If uncomfortable for any reason, the client may ask the LMT to cease the massage and the LMT will end the massage session. Please be aware that therapeutic massage sometimes causes tenderness 24 to 48 hours after the treatment. This is a normal reaction and may be lessened by drinking extra water. By providing your signature at the bottom of this page, you acknowledge that you understand and agree to the above statements regarding our cancellation policy and terms of therapeutic massage.

Client Printed Name: \_\_\_\_\_

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

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

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

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