Welcome to Simply Skin

Katherine Alamilla, Esthetician & Lic. Massage Therapist

Client Intake Form (Massage) - Confidential Information

CONTACT INFORMATION (please print clearly)

Full Name		Preferred Name
Primary Phone		Alternative Phone
Mailing Address		
Date of Birth	Email	Permission to Email?
Emergency Contact		Phone

How did you hear about Simply Skin?

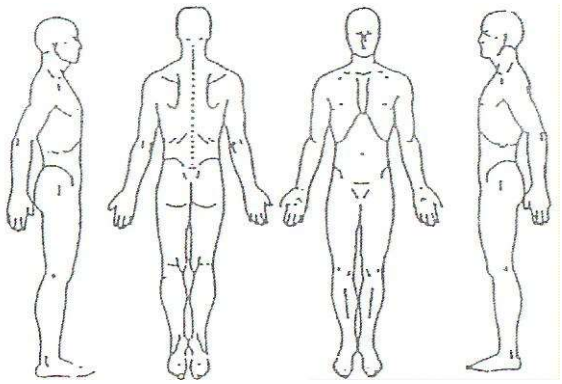
TREATMENT INFORMATION/MASSAGE HISTORY

Have you ever received massage therapy?	When was your last appointment?
Preference of Massage Pressure ☐ Swedish (Gentle) ☐ Moderate ☐ Deep Tissue ☐ Energy work	
What is the intention of your massage (i.e., stress reduction, relaxation, chronic pain, emotional balance...)?	

WELLNESS AND MEDICAL HISTORY

Please list accidents, injuries: disk problems, tendonitis, whiplash, knee problems, fractures, sprains, strains, etc., and their respective dates of occurrence:	
Please list the medications, vitamins, and supplements you are currently taking:	
Please list allergies and/or food sensitivities (including topical and seasonal):	
How much water do you drink? ☐ 1-3 glasses/day ☐ 4-6 glasses/day ☐ 7-9 glasses/day ☐ 10+ glasses/day	How many caffeinated beverages (coffee, tea, soft drinks) do you drink? ☐ 1-3 servings/day ☐ 4-6 servings/day ☐ 7-9 servings/day ☐ 10+ servings/day
What is your current stress level? ☐ Low: 1-3 ☐ Moderate: 4-6 ☐ High: 7-9 ☐ Profound: 10	What stress-reduction and exercise activities do you engage in?
Do you follow a special diet? Please specify:	
How many hours do you sleep per day?	Do you smoke? How much?

Please shade in the areas of discomfort (achy, throbbing, stabbing, numb, tingling, etc.)



Please select any of the following conditions that you are currently experiencing:

- ☐ Muscle Sprain/Strain
- ☐ Spasms/Cramps
- ☐ Tendonitis
- ☐ Broken/Fractured Bones
- ☐ Arthritis
- ☐ Headaches
- ☐ Jaw Pain/TMJ
- ☐ Cuts/Bruises (bruise easily)
- ☐ Rashes
- ☐ Sinus Problems
- ☐ Cold/Flu/Fever
- ☐ Pregnant or Trying
- ☐ Digestive Problems
- ☐ Infectious Disease/Condition

Please select all of the following that apply to you:

- ☐ High/Low Blood Pressure
- ☐ Heart Condition
- ☐ Blood Clots
- ☐ Varicose Veins
- ☐ Bone or Joint Disease
- ☐ Lymphedema
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Cancer/Tumors
- ☐ Infectious Disease

Immune System Condition

- ☐ Lupus
- ☐ Chronic Fatigue
- ☐ Hashimotos
- ☐ Thyroid Condition (Hypo or Hyper)
- ☐ Fibromyalgia
- ☐ Asthma
- ☐ Emphysema
- ☐ Eating Disorders
- ☐ Depression
- ☐ Addictives
- ☐ Survivor of Abuse
- ☐ Other

Digestive Condition

- ☐ IBS
- ☐ Crohn's
- ☐ Colitis
- ☐ Other

FULL DISCLOSURE

It is my choice to receive massage/muscular therapy. I realized that the treatment is being given for the well-being of my body and mind. This includes stress reduction, relief from muscular tension, spasm or pain, or for increasing circulation or energy flow. I agree to communicate with my practitioner any time I feel like my well-being is being compromised.

- I understand that massage therapy is not a replacement for medical care and that no diagnosis will be made.
- I have stated all medical conditions that I am aware of and will update Simply Skin of any changes in my health.
- I understand that therapeutic massage is non-sexual and any advances made by the client will result in termination of the session and the client will be liable for full payment of the scheduled appointment.
- I agree and understand that in the case I must cancel or reschedule an appointment, I need to call at least 24 hours in advance in order to not be charged the price of the missed appointment.

Signature:_____ Date: _____

PREGNANCY STATUS

How far along are you?	Due date:	Is this your first baby?	Has the baby moved in the past 24 hours?

According to my doctor/midwife I am experiencing a…

☐ Low risk pregnancy

☐ Medium risk due to _____

☐ High risk pregnancy due to

Please describe this pregnancy. Include any complications, areas of tension, and areas of discomfort.

Are you currently experiencing…

☐ Bleeding
☐ Morning sickness/Nausea
☐ Swelling
☐ Diarrhea
☐ Fever
☐ Dizziness
☐ Headaches

Possible Contraindications and Modifications: The following is a list of possible contraindications for receiving regular massage without a doctor's consent. Please indicate if you have any of these conditions:

Modifications:

☐ Edema
☐ Fetal genetic defect
☐ Multiple pregnancy
☐ Multiple prior miscarriages
☐ Prior high risk pregnancy
☐ RH negative mother

Doctor's/Midwife's Consent:

☐ Cardiac, pulmonary, renal, or liver disorders
☐ Diabetes
☐ Gestational Diabetes
☐ Drug or hazardous materials exposure
☐ Maternal illness (lupus, epilepsy, structural issues etc)
☐ Premature Labor
☐ Women whose mothers took DES during pregnancy

No Massage-Allowed Energy work Only:

☐ Ectopic pregnancy
☐ Fever
☐ No Fetal Movement
☐ Pitted Edema
☐ Placenta Previa
☐ Preeclampsia
☐ Staining
☐ Thrombophlebitis
☐ Gestational Edema Proteinuria Hypertension (GEPH)

Client Release Form

If I am currently having or develop complications (any symptoms/conditions listed above), I will discuss the condition with my massage therapist, and will have a medical release for bodywork signed by my prenatal care provider before continuing bodywork. I will immediately let my therapist know of any pain or discomfort so that pressure and strokes can be adjusted to my level of comfort.

I have completed this health form to the best of my knowledge. I understand that bodywork is a health aid and does not take the place of a physician's care. Any information exchanged during a massage or bodywork session is confidential and is only used to provide you with the best health care services. I know that massage/bodywork can be harmful in some circumstances; I fully assume responsibility for receipt of massage therapy, and forever release and discharge the therapist from any and all claims, liabilities, damages, actions from therapy received. I fully and fairly answered these questions and described my health and will tell the practitioner of any changes.

Name: _____

Signature: _____ Date: _____

**A special note to pregnant clients: If you are experiencing nausea, diarrhea, bleeding, a fever, cold, or flu right before an appointment, please reschedule. These are all contraindications against receiving a massage and we will reschedule with you without penalty.*