Karen R. M. Rasmussen
970 West Broadway, Suite 211 • Jackson, Wyoming 83001
307.690.1403 • JacksonHoleMassageTherapy@gmail.com
www.JacksonHoleMassageTherapy.com

Confidential Client Intake Form

Name_____Date_____

Mailing Address_____

 Email Address_____Phone_____

May Karen send you massage information or promotions? Yes No   Paper or electronic notification? (circle one)

Date of Birth_____ Occupation_____

Referred By_____

Emergency Contact_____Phone_____

Please complete the following information and sign where indicated. Some medical conditions and symptoms do not respond well to massage. A referral from your primary care provider may be required prior to service being provided by Jackson Hole Massage Therapy LLC.

Have you ever received professional massage or bodywork before? Yes No   How recently?_____

How often do you receive massage and bodywork?_____

How often would you like to receive massage and bodywork?_____

What keeps you from receiving massage and bodywork regularly?_____

Are you allergic to any nuts, oils, lotions, or herbs? Yes No   If so, please explain_____

If you answer "yes" to any of the following questions, please explain as clearly as possible.

Do you have diabetes?   Do you get frequent headache? Where?

Do you have arthritis?   Do you have or had cancer? Where? When?

Do you have high blood pressure?   Do you have epilepsy or seizures?

Do you suffer from joint swelling or edema?   Do you have varicose veins?

Do you have osteoporosis?   Do you have any contagious diseases?

Do you have any allergies?   Do you have cardiac or circulatory problems?

Are you pregnant? How many weeks?   Do you have any skin disorders?

Do you have numbness or stabbing pain?   Are you sensitive to touch or pressure anywhere?

Please use space below as needed:_____

Describe your overall stress level_____

Have you had a broken bone in the past 2 years? Please describe:_____

Have you been in an accident or suffered any injuries that you feel affect you currently? _____

_____

Have you had surgery recently? Please explain:_____

Do you have tension or soreness in a specific area? Please describe: _____

_____

Are you taking any medications? Please explain_____

Do you have any other medical conditions I should know about? Please explain_____

_____

Do you exercise? What activities and how frequently? _____

What are your goals in receiving massage today? _____

_____

- I understand that the massage/bodywork I receive 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 practitioner so that the pressure and/or strokes may be adjusted to my level of comfort.
- I further understand that massage or bodywork 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.
- I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing done or said in the course of the session given should be construed as such.
- Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so.

Client Signature: _____ Date:_____

Consent to Treatment of Minor: By my signature below, I hereby authorize Karen Rasmussen of Jackson Hole Massage Therapy LLC to administer massage and bodywork to my child or dependent.

Signature of Parent or Guardian: _____ Date:_____