



Quinn DeLeon, LMT, CSMT
4665 SW Freeway, Room 207
(281) 687-8976

www.quinnlmt.amtamembers.com

Massage Therapy Intake

Personal Information

First Name: _____ Last Name: _____

Phone (day): _____ (evening): _____ DOB: _____

Address: _____ City/State/Zip: _____

Occupation: _____ Email: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

How did you find out about my practice? _____

Activities of Daily Living

In this section, the idea is to get a sense of what type and to what intensity and frequency of activities/movements, postures/positions, and exercise you get on a regular basis.

Job/Work Duties:

Household Duties:

Regular Activities/Hobbies:

Exercise:

Sleeping Position:

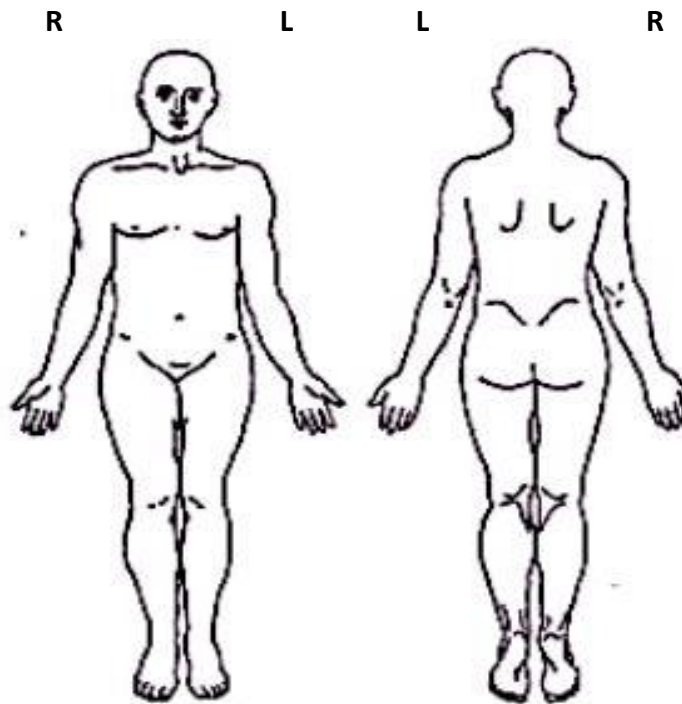
Other:

Initials _____

Massage Information

What are your goals for this treatment session? _____

Please mark an "X" on the figure below on all areas of discomfort:



Describe the areas of discomfort - aching, dull, sore, deep, sharp, shooting, stabbing, stinging, tingling, burning, numbness, radiating, throbbing – if so, where?

Initials _____



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I, _____, (client) understand that the advanced massage therapy provided by BodEase in Motion, LLC, is intended to enhance relaxation, reduce pain caused by muscle tension, increase range of motion, improve circulation, improve body awareness, increase sense of well-being, and offer a positive experience of touch. Any other intended purposes for massage therapy are specified below.

The general benefits of massage, possible massage contraindications and the treatment procedure have been explained to me. I understand that massage therapy is not a substitute for medical treatment or medications, and that it is recommended that I concurrently work with my Primary Health Care Provider for any conditions I may have. I am aware that the massage therapist does not diagnose illness or disease, does not prescribe medications, and that the spinal manipulations are not part of massage therapy.

I acknowledge and understand that the therapist must be fully aware of my existing medical conditions. I have disclosed to the therapist all medical conditions affecting me. It is my responsibility to keep the massage therapist updated on my medical history. The information I have provided is true and complete to the best of my knowledge.

I hereby consent for my therapist to treat me with massage therapy for the above noted purposes including such assessments, examinations and techniques, which may be recommended, by my therapist.

I have read the above noted consent and I have had the opportunity to question the contents and my therapy. By signing this form, I confirm my consent to treatment and intend this consent to cover the treatment discussed with me and such additional treatment as proposed by my therapist from time to time, to deal with my physical condition and for which I have sought treatment. I also understand that the License Massage Therapist reserves the right to refuse to perform massage on anyone whom she deems to have a condition for which massage is contraindicated. I understand that at any time I may withdraw my consent and treatment will be stopped.

Printed Name _____ Date _____

Signature _____

(Guardian if under 18) _____

Initials _____

Cancellation Policy

I understand that unanticipated events happen occasionally in everyone's life whether it is business meetings, delayed flights, car problems or illness, to name a few. In the desire to be effective and fair to all my clients, the following policy is in place:

- Cancellations must be made **24-hours** in advance either by text, email or phone call. This allows another client the chance to book in that time slot.
- If you are unable to give the 24-hour advance notice, it will be up to the discretion of the therapist on how to handle the next steps of rebooking or the client being charged for the missed session.
- If you purchased a session package and do not reschedule within the 24-hour cancellation period, your session will be marked as used and you will lose that session.
- In any event you have to cancel, and are in the 24-hour cancellation period, you are responsible for rescheduling your next session.

No Shows

Anyone who either forgets or consciously chooses to forgo their appointment for whatever reason will be considered a "no-show". The session will be marked used if you purchased a session package and you will lose that session. It will be up to the discretion of the therapist on how to handle future scheduling and rebooking.

Arriving Late

If you are not present for your scheduled session during the first 15 minutes (unless you have telephoned me you might be late), it will be construed by me that you are a "no-show", and that time slot will become available for someone else. Depending on how late you arrive, your therapist will then determine if there is enough time remaining to start a treatment. Regardless of the length of the treatment actually given, you will be responsible for the "full" session.

Initials _____