

Recovery Massage LLC - Tasha Paunovic Lmt - New Client Intake

Name _____ DOB _____

Address _____

Email _____ Phone # _____

Occupation _____

Recreational Activities _____

Which repetitive actions or patterns of movement, if any, do you feel have impacted your body negatively? _____

Do you have a preference regarding the type of music you would like to enjoy during your massage? List here: _____

If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated. A referral from your primary care physician may be required prior to service being provided. Please check off and write an explanation if you have any of the following:

Diabetes Arthritis High Blood Pressure Epilepsy/Seizures Varicose Veins
Osteoporosis Cardiac or Circulatory Problems Medicated for Blood Pressure Issues
Joint Swelling Contagious Disease Bruise easily Pregnancy Skin Allergies
Numbness or Sharp, Stabbing Pain Sensitivity to touch or pressure in any area?
Surgeries _____

Any muscular or bone injuries in your past? _____

Other medical conditions _____

Do you have any allergies to ingredients found in oil or lotion, such as coconut or shea? _____

Any scents that you would enjoy? _____ or that you would not? _____

I understand that the massage I receive is provided for the basic purpose of relaxation and relief from 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, or other qualified medical specialist for any mental or physical ailment of which I am aware. 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 said in the context 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 my 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. I also understand that any illicit or sexually suggestive remarks or advances made will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

Client Signature _____ Date _____