

**Amyable Massage, LLC by Amy L. Bogart, LMT**  
**Client Intake, Policies & Procedures Form**

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Referred by: \_\_\_\_\_

Are you 18 yrs of age or older? Yes / No  
\*If no parental consent must be completed prior to services.

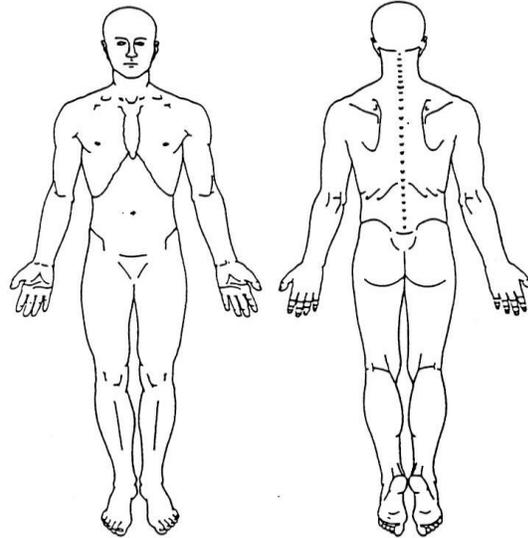
Reason for visit: \_\_\_\_\_

Please mark local pain with an "X". Circle areas with non-specific pain or discomfort.

Indicate on the line below how you would describe your present pain by placing a mark in the space below.

\_\_\_\_\_

0 1 2 3 4 5 6 7 8 9 10  
No Pain Extreme Pain



List any medical condition for which you are currently under the care of a medical professional: \_\_\_\_\_

Please note current or previous injuries: \_\_\_\_\_

Please note history of surgeries: \_\_\_\_\_

Do you have a history of chronic pain? \_\_\_\_\_

Are you taking any medications or supplements? \_\_\_\_\_

Do you have any allergies? \_\_\_\_\_

Have you ever received a professional massage before: Yes  No

Is there anything else you would like your therapist to know? \_\_\_\_\_

**(OVER -complete other side)**

*Policies & Procedures Statements:*

I understand massage is provided for the basic purpose of relaxation and relief of muscular tension or spasm or to increase circulation. If I experience any pain or discomfort during treatment, I will immediately inform the therapist so that pressure and/or strokes may be adjusted to my level of comfort.

I understand that massage should NOT be construed as a substitute for medical examination or diagnosis. Massage therapists are not qualified to make spinal or skeletal adjustments, however, manipulation of muscles and soft tissue may indirectly affect the skeleton and spine.

Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all question honestly and completely. I agree to keep therapist updated to any changes in my medical profile and understand that there shall be no liability on the therapists part should I fail to do so.

I understand that treatment will not be given if I am under the influence of drugs or alcohol and it is my responsibility to inform my therapist of any drug or alcohol use prior to each treatment.

I understand any illicit or sexual behavior, advances, comments or remarks made by me will result in immediate termination of he session and I will be liable for full payment of the scheduled session.

Should I cancel an appointment less than 24 hours before the scheduled time or "no show" an appointment, I am subject to a fee equal to the cost of the missed appointment. If the appointment was booked under a gift certificate it will be voided in lieu of the fee. (Exceptions for emergencies will be at the therapists discretion. Work will not be considered an emergency.)

Sessions begin and end at scheduled times. I understand if I arrive late, treatment time will be shortened and will end at the pre-scheduled time. I will still be responsible to pay full price for the session.

Payment is expected at the time service is rendered. Gratuities are left to the discretion of the client. Acceptable payment methods are cash, check, and all major credit cards.

A \$40.00 charge will be applied to your balance for any returned check. If a balance is owed, treatment will not be given until the balance is paid in full.

By signing below I agree that I not only have read and agree to all the terms of the Client Policies & Procedures Statements listed, I also affirm that I have stated all known medical conditions and answered all questions honestly throughout this form.

\_\_\_\_\_  
(Print-Client Name)

\_\_\_\_\_  
(Sign-Client Name)

\_\_\_\_\_  
(Date)

.....  
*Informed parental consent for a minor*

By my signature below, I authorize massage treatments or bodywork to be administered to the minor listed on the first page.

\_\_\_\_\_  
(Print-Parent/Guardian Name)

\_\_\_\_\_  
(Sign-Parent/Guardian Name)

\_\_\_\_\_  
(Date)