



MESSAGE INTAKE FORM

Name: Date:

Pronoun: ☐ He/Him ☐ She/Her ☐ They/Their ☐ Other:

Have you received massage before? ☐ Yes ☐ No

Have you been to Mend within the last year? ☐ Yes ☐ No
(If yes, skip the following section)

Address:

City: State: Zip:

Email:

Primary Phone: Date of Birth:

Emergency Contact & Phone:

Occupation:

Any injuries, recent accidents or health conditions that could affect today's massage?

What medications you are on?

Please let your practitioner know if you are not comfortable disrobing.

List your top three concerns/goals in order of importance to you:	Mark an X on the scale to indicate severity of condition:
1.	<div><div></div><div>110</div></div>
2.	<div><div></div><div>110</div></div>
3.	<div><div></div><div>110</div></div>

For office use only:

☐ MB ☐ SC ☐ UP ☐ P-N ☐ P-R ☐ IN

FLIP OVER FOR NEXT PAGE



PATIENT INFORMED CONSENT

Please read and initial:

I agree to receive massage by the licensed massage therapists of Mend Acupuncture. I have been informed that massage is a therapeutic modality and is not a substitute for medical examination, diagnosis and treatment. I take full responsibility for alerting my therapist of any conditions that may affect the massage session.

Pregnancy: If I am pregnant or become pregnant, I will notify my practitioners *immediately* (if applicable). _____

Late/Cancel Policy: I understand that I may be charged the full session fee when an appointment is missed. I understand that I waive my session if I am more than 15 minutes late. _____

Coordination of Care: I understand my massage therapist shares treatment notes with other practitioners through a HIPAA compliant electronic medical record system. _____

I have read this form and had an opportunity to ask questions about its content. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

Print Name _____

Signature _____

Date _____

For patients under 18 years of age:

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____

(For massage therapist use)

