Name_____ Date of Birth _____
Phone#_____ Email_____
State(s) of Residence_____ Occupation_____
Emergency Contact Info_____
Current Medications/OTC/Supplements_____
Do you have any allergies, severe or otherwise? If yes, please note severity here:
_____
Do you have any particular goals for this massage session? _____
If you are currently under medical supervision, please explain _____
_____
Please list any accidents or operations you have had and dates: _____
_____

Please check any condition/symptom listed below that applies to you:

Musculoskeletal System
__Artificial Joint
__Baker's Cyst
__Bursitis
__Fibromyalgia of CFS
__Muscular Dystrophy
__Osteoarthritis
__Osteoporosis
__Plantar Fasciitis
__Rheumatoid Arthritis
__Tendonitis
__Whiplash
__Other_____

Lymph/Immune System
__Allergic Reactions
__Chronic Fatigue
__HIV/AIDS
__Lupus
__Lymphoma
__Other_____

Miscellaneous Conditions
__Cancer
__Depression
__Diabetes
__Easy Bruising
__Headaches
__Migraines
__Numbness
__Pregnant
__Other_____

Nervous System
__Alzheimer's
__Shingles
__Multiple Sclerosis
__Parkinson's Disease
__Peripheral Neuropathy
__Seizures
__Spinal Cord Injury
__Numbness
__Other_____

Digestive System
__Chrohns
__IBS
__Ulcers
__Ulcerative Colitis__Cold Sore/Herpes
__Other_____

Respiratory System
__Asthma
__Chronic Bronchitis
__Sinustitis
__Other_____

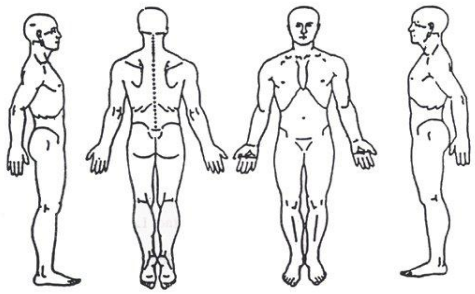
Circulatory System
__Atherosclerosis
__Deep Vein Thrombosis (DVT)
__Heart Attack
__High Blood Pressure
__Leukemia
__Low Blood Pressure
__Stroke
__Varicose Veins
__Other_____

Integumentary System (Skin)
__Athlete's Foot
__Boils
__Burns
__Dermatitis
__Impetigo
__Open Sores/Wounds
__Psoriasis
__Rashes
__Warts
__Other_____

Do you have an average pressure level you prefer for your massage? Please circle:
Light Moderate Deep Unsure/No Preference
*Depends on Location (please note)*_____

Do you have a preferred gender for your therapist? Please circle:
Female Male No Preference

Please mark on the body forms with an "X" where you are experiencing any tension, stiffness, or other discomfort. Please describe the sensation (burning, stinging, aching, etc), or if any area should be avoided:_____



How did you hear about us? Please circle all that apply:
*Search Engine*_____ *Friend or Relative Instagram Facebook*
*NC Travel Guide Smoky Mountain News The Mountaineer Other*_____

Statements of Client consent:

- I (the client) understand that the services provided are for stress reduction/relief from muscular tension, are not a substitute for medical care, and that the practitioner is not qualified to perform spinal/skeletal adjustments, diagnose, prescribe for, or treat physical or mental illness.
- I understand the potential risks of massage include but are not limited to: mild short-term muscle soreness and mild surface-level bruising.
- If I experience pain or discomfort during any scheduled session, I will immediately inform the practitioner so they may adjust their massage application to my comfort level. I will not hold the practitioner or Sundarah Wellness responsible for any pain or discomfort I experience during or after the session.
- I affirm that all known medical conditions, allergies, and injuries have been noted on my intake form to the best of my knowledge and that I will ensure the practitioner is notified of these medical conditions, as well as any changes thereof.
- I understand that massage is entirely therapeutic and non-sexual in nature, and that the practitioner will never touch genitals, breast tissue, or any other areas, which I instruct them to avoid. I understand that both the practitioner and I have the right to refuse treatment and end the session at any time.

Liability waiver:

- I voluntarily agree to assume all foregoing risks and release the practitioner, Sundarah Wellness, and any interested parties from any liability or claims for any potential injury, damages, loss, and associated expenses that may occur or arise in connection with my therapy appointment. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the practitioner, Sundarah Wellness, and any interested parties.

Signature_____ **Date**_____