

मेत्ता [metta]morphosis

Confidential Intake Form

name / pronoun _____ date of birth _____

mobile tel: _____ home tel: _____ e-mail: _____

address: _____

profession & /or hobby: _____ referred by: _____

emergency contact _____ relationship _____

are you currently taking any medications? _____

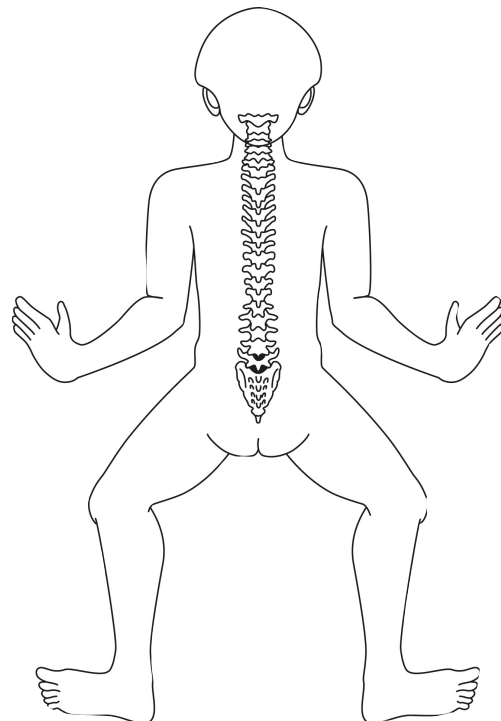
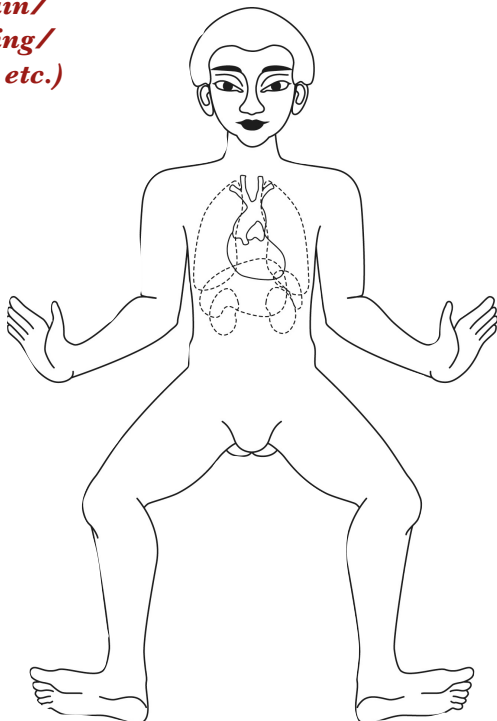
indicate if any conditions apply: allergies _____ back pain _____ communicable disease _____

circulatory issues _____ diabetes _____ fracture(s) _____ high or low blood pressure _____

joint issues _____ neck pain _____ nerve issues _____ osteoporosis _____ pregnant _____ rash _____

spinal /disc issues _____ surgeries _____ swelling _____ varicose veins _____ other _____

**circle any talkative areas
(discomfort/ pain/
numbness/tingling/
curious behavior, etc.)**



continued on back →

do you have any cardiovascular or arterial conditions? _____

if yes ^^, are you being treated for them? _____

have you ever been diagnosed with covid19 or suspected you had it? If so, when? _____

do you have any restrictions in movement? _____

any areas of hypermobility? _____

are there any areas of your body that you do NOT want me to work on? _____

what are your goals for this session/future sessions? _____

anything else you'd like me to know? _____

Client consent and agreement — Please read and sign below

- It is agreed and understood that massage therapy is intended for relaxation and relief of muscular tension and that it is not meant to diagnose, treat or remedy any illness, disease, injury, physical condition or mental disorder.
- Except in cases of emergency, I agree to pay for all sessions which are not cancelled at least 24 hours in advance. (this cancellation policy is not in effect during the active global pandemic of COVID 19)
- I acknowledge that all information listed here is accurate and correct.

signature _____ date _____