

# Unburdened Bodywork Massage Intake Form

Legal Name: \_\_\_\_\_

What should I call you? (if different from your legal name) \_\_\_\_\_

Preferred contact method:

- Telephone
- Text
- Email

Address: \_\_\_\_\_

Today's date: \_\_\_\_\_

What is your gender identity?

- Male
- Female
- Transgender man / Trans man
- Transgender woman / Trans woman
- Genderqueer / Gender nonconforming
- Additional identity (fill in) \_\_\_\_\_
- Decline to state

Best Phone # \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

What sex were you assigned at birth?

- Male
- Female
- Decline to state

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Major concerns: \_\_\_\_\_

What gender pronouns do you use?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In case of emergency, please notify: \_\_\_\_\_ Phone \_\_\_\_\_

I, \_\_\_\_\_, (client) understand that massage therapy is intended to enhance relaxation, reduce pain caused by muscle tension, increase range of motion, improve circulation, and offer a positive experience of touch. The general benefits of massage, contraindications, and treatment procedure have been explained to me. I understand that bodywork is not a substitute for medical treatment or medications. I understand that the therapist does not diagnose illness, does not prescribe medication, and that spinal manipulation is not part of the therapy.

I understand it is my responsibility to inform the therapist of all known medical conditions and medications, as well as keeping the therapist informed of any changes. I understand that there shall be no liability on the part of the therapist due to my forgetting to relay any pertinent information.

I understand that it is my own responsibility to communicate with the therapist if I feel any pain or discomfort during the session so that the treatment can be adjusted.

I understand that therapeutic bodywork is NONSEXUAL in nature. Any sexual overtures by the client will result in the immediate termination of the session and the therapeutic relationship.

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_