



The Wellness Center MN Massage Intake Form

First Name _____ Middle Initial _____ Last Name _____

Pronouns _____ E-mail _____ Birthdate _____

Address _____ City _____ State _____ Zip _____

Phone _____ Home Cell Other

E-mail Appointment Confirmation Opt-in Yes No Text Appointment Confirmation Opt-in Yes No

Email Newsletter & Membership updates Opt-in Yes No

How did you hear about us? _____ Name _____

Is this your first professional massage? Yes No

What is your pressure preference: _____

What results would you like to achieve? _____

Please note any areas of your body that you prefer NOT to be massaged/touched: _____

Do you have any of the following today? sunburn inflammation severe pain headache blisters

open cuts, bruises, burns irritated skin rash poison ivy cold/flu COVID-19 symptoms

Exercise None Moderate Daily Heavy Describe _____

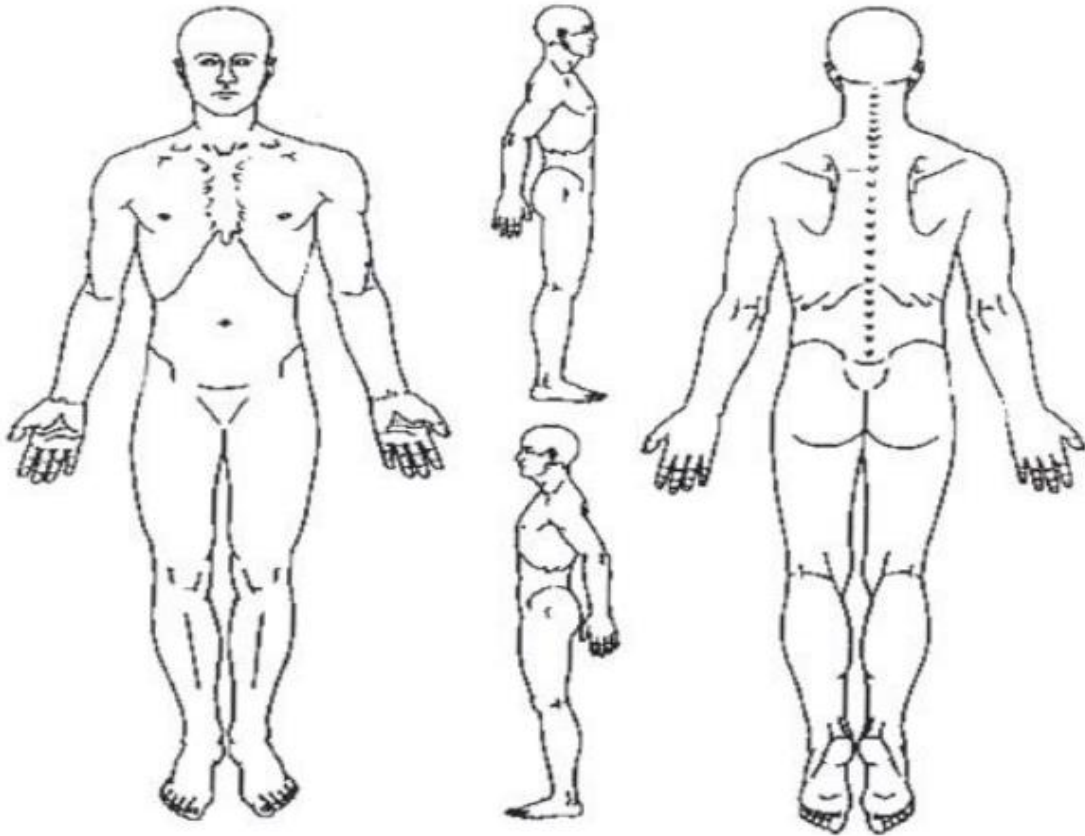
Occupation _____ Work Activity Sitting Standing Light Labor Heavy Labor

Are you pregnant? Yes No Due Date: _____ Allergies _____

Medications like blood thinners or other related medications _____

Do you have any health conditions? Please list any relevant medical conditions, surgeries, accidents, and bone, joint or muscle diseases or injuries. Include date of diagnosis or incident.

Please indicate with an "X" or Circle the places you are feeling discomfort



Authorization

I certify that the above information is correct to the best of my knowledge. I will not hold the massage therapist or any members of his/her/their staff responsible for any errors or omission that I may have made in the completion of this form. I have disclosed all medical conditions that I am aware of and will inform my massage therapist of any changes in my health status. I understand that massage therapy services are designed to be a health aid and are in no way a substitute for a doctor's care. Information exchanged during a massage session is educational in nature and is to be used at my own discretion. I understand that therapeutic massage is the only type of massage offered and no late-night appointments are available at The Wellness Center MN.

Age Verification Policy

The Wellness Center MN does not provide massage therapy or float therapy services to anyone under 18 unless that person has written consent from their parent or guardian, or the therapy has been prescribed by their physician or health care provider. You will be required to provide The Wellness Center MN with a valid government-issued identification (with a photo) that proves that you are 18 years of age or over.

Payment/Cancellation Policy

I acknowledge that payment is due at the time of service. The Wellness Center MN accepts auto injury insurance under a separate agreement. Please provide a medical prescription and insurance information for consideration for this billing service. Cancellations must be received 24 hours in advance of appointment time. I acknowledge responsibility for paying full rate for any appointment cancellation of less than 24 hours. Exceptions may be made for illness or emergencies.

Notice of Privacy

I acknowledge that The Wellness Center MN, by way of this document, has informed me that they follow Minnesota's Privacy Practices and the Freedom of Access Act, Chapter No. 460-House File 3839; not that I have read it or agree with its contents.

Signature _____ Date _____