

*Sonya Ohri, Massage Therapy*  
313 E Horne Street  
Clayton, NC

Date: \_\_\_\_\_

**Client Intake Form**

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Gender: *M / F*

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

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

How did you hear about us? \_\_\_\_\_

Have you ever received a massage before? *Y / N* If yes, how long ago? \_\_\_\_\_

What type of pressure do you prefer? *Light Medium Deep*

What areas would you like me to focus on? \_\_\_\_\_

Rate the intensity of your pain, if any: 1 2 3 4 5 6 7 8 9 10

How often do you exercise and what types? \_\_\_\_\_

**Health History:**

Recent Injuries: \_\_\_\_\_

Surgeries/Procedures and when: \_\_\_\_\_

Current Medications: \_\_\_\_\_

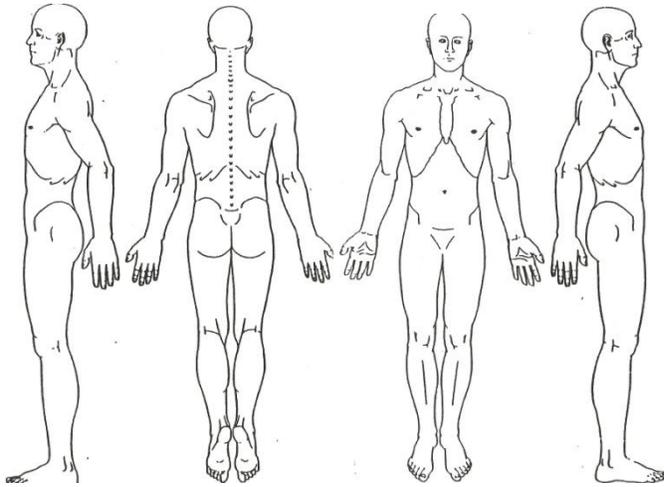
**Please circle all that apply:**

- |                                    |                             |                         |
|------------------------------------|-----------------------------|-------------------------|
| Allergy to lotions/oil             | Scoliosis/Kyphosis/Lordosis | Sciatica                |
| Contact lenses (currently wearing) | Bulging Disc                | Carpel Tunnel Syndrome  |
| Dentures                           | Bursitis                    | Tennis/Golfer's Elbow   |
| Pregnant                           | Arthritis                   | Migraines               |
| Infectious Disease                 | Osteoporosis                | TMJ                     |
| Heart Disease                      | Seizures                    | Skin Disorder/Infection |
| Blood Pressure (high/low)          | Stroke                      | Skin Rash               |
| Diabetes                           | Cancer                      | Stomach Disorder        |
| Varicose veins                     | Epilepsy                    | Dizziness               |
| Blood clots                        | Phlebitis                   | Whiplash                |
| Edema                              | Impetigo                    | Broken Bones            |
| Fibromyalgia                       | Athlete's Foot/Foot Fungus  |                         |

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Have you recently traveled outside of the country? *Y / N*

**Please indicate where you would like extra attention:**



**Additional notes or concerns:**

**Informed Consent:**

I understand that the purpose of the massage/reflexology given to me by Sonya Ohri is for stress reduction, pain reduction, relief from muscle tension and increase circulation.

I understand that the massage therapist/reflexologist cannot diagnose illness, disease or disorder and does not prescribe medical treatment or pharmaceuticals. The therapist also does not perform spinal manipulations.

I understand that massage therapy/reflexology does not replace the need for medical care and that it is recommended that I work with my primary physician for any condition I may have.

I have stated all of my medical conditions, surgeries and medication. I will keep the therapist updated on any changes.

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Policy Statement

### Service

Services offered are Swedish, Myofascial (Deep Tissue), Medical and Oncology massage and Reflexology. The purpose of each session is to promote relaxation, decrease stress levels, soften tight muscles that may cause pain or limited mobility, and to increase the range of motion in joints. Results will vary depending on client's participation in their treatment/recovery plan as well as their body's capabilities. In no means do I claim to diagnose, prescribe to, cure or heal a client. Massage/reflexology is meant to help aide in the healing process itself.

### Appointment

Massage/reflexology sessions are done by appointment only, Monday through Saturday, except Wednesday. Appointments can be made by phone or online.

### Cancellation and Late Arrivals

If for any reason you need to cancel, please contact me at least 24 hours prior. If you fail to do so, I have the right to discontinue future treatment with you. If you are not present for your appointment and do not notify me in advance (no call/no show), you will be billed for the missed appointment. Treatment will not continue until the bill is paid. Arriving late to a session will not change the finish time recorded. Client is required to pay for the full session regardless of whether they arrived late or not.

### Payment

Payment is due on the day of the session; cash, check or credit card are accepted. Gratuity is not required but is greatly appreciated.

### Confidentiality

Based on the North Carolina Massage & Bodywork Practice Act, I agree to maintain the confidentiality of the client unless given their written consent or a court order.

### Discomfort and Sexual Gestures

If for any reason the client feels uncomfortable during the session, they have right to stop the session at anytime. However, they are still responsible for payment of that session. Sexual gestures, whether physical or verbal, are unacceptable. If at any time I feel this is an issue, I reserve the right to end the session immediately. The client will be responsible for payment of that session as well.

**I have read and understand the policy statement listed above.**

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_