Touch Factor Massage - Confidential Therapeutic Massage Client Intake Form

Name:_____ Phone:_____

Address:_____ City:_____Zip:_____

Date of Birth:_____ E-mail:_____

Occupation:_____ Hobbies:_____

Emergency Contact:_____ Phone: _____

The following information will be used to help plan safe and effective massage sessions. Please answer the questions to the best of your comfort and knowledge.

Have you had a professional massage before? ☐Yes ☐No | If yes, how often per year? __

Do you have any difficulty lying on your front, back, or side? ☐Yes ☐No
If yes, please explain: _____

Do you have any allergies to oils, lotions, or ointments? ☐Yes ☐No
If yes, please explain: _____

Do you have sensitive skin? ☐Yes ☐No | Do you consider yourself ticklish? ☐Yes ☐No
If yes, are there areas we should avoid or be careful around?
_____

Are there any essential oil scents that you like? _____

Are there any essential oil scents that you dislike? _____

Do you sit for long hours or perform repetitive movements (work, sports, etc.) ☐Yes ☐No
If yes, please describe: _____

Do you experience stress in your work, family, or other aspect of your life? ☐Yes ☐No
If yes, do you think it is affecting any of the following: ( ) muscle tension ( ) anxiety ( ) insomnia ( ) irritability ( ) other_____

Are there any areas of the body where you are experiencing tension, stiffness, pain or other discomfort now? ☐Yes ☐No
If yes, please identify:_____

How are you feeling today (physically, emotionally, energetically, etc.)?

_____

_____

Do you have any specific goals in mind for this massage session?

_____

_____

Check any of the topics below if you are interested in incorporating them into your massage session (now or later) or learning more about them:

( ) Essential Oils ( ) Cannabis/CBD Oils ( ) Heated Oils ( ) Breath or Energy Work ( ) Cupping ( ) Thai Stretching ( )Floor Work ( ) Nurturing Touch ( ) Primal Response/Unwinding

Are you currently under medical supervision (including chiropractic) or taking any medications that we should be aware of? ☐Yes ☐No | If yes, please explain/list:

_____

_____

Please check any condition listed below that applies to you:

( ) open sores or wounds
( ) easy bruising
( ) recent injury or surgery
( ) contagious skin condition
( ) current fever or swollen glands
( ) heart or circulatory condition
( ) high or low blood pressure
( ) headaches/migraines
( ) varicose veins or phlebitis
( ) deep vein thrombosis/blood clots
( ) joint disorder/arthritis/osteoporosis
( ) Fibromyalgia
( ) TMJ
( ) carpal tunnel syndrome
( ) pregnancy If yes, how many months? ___
( ) any issues with touch/massage
( ) currently being treated for depression
( ) depression, blues, mood issues in past

Please explain any condition that you have marked above and anything else about your health history that you think would be useful for your massage practitioner to know to plan a safe and effective massage session for you:

_____

_____

_____

Can you please tell us how you learned of our practice? (Thank you!):

_____

_____

If you really want to personalize your massage experience, give us some descriptive adjectives that describe your ideal massage:

_____

_____

I,_____, am at least 18 years of age and I understand that this massage is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain, discomfort or anxiety during this session, I will immediately inform the practitioner so that they can stop or adjust the massage as necessary. I understand that massage practitioners are not allowed to diagnose medical or mental health conditions, prescribe medications, or give medical advice that is not specifically related to musculoskeletal conditions in their scope of practice, and that nothing said during the session should be construed as such. I further understand that I should see a physician or other qualified medical specialist for any physical or mental ailment that I am aware of or concerned about. Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my body and health so that they can plan a safe and appropriate massage therapy session. I also understand that I can provide someone to be in the room during my treatment for support or as a witness and that **I can choose to discontinue (stop) my massage at any time for any reason.**

Signature of client_____Date _____

(just type name if submitting electronically)

All information disclosed in this form is confidential.

Least < ---------- > Most!

	1	2	3	4	5	6	7	8	9	10	Ultra!
How ***relaxing*** do you want your massage to be?											
How ***deep*** do you want your massage to be?											
How ***warm*** do you like your massage room/table?											
How ***comfortable*** are you with massage/touch?											
How ***modest*** *are you (0=Not at all and 10=Very)*											

Nurturing, Challenging and Creative? These are difficult concepts to define because they can mean different things to different people. Our nurturing work tends to be slower, more generous and more neurally/emotionally focused. Our challenging work can be, well, *challenging* - but in so many wonderfully different ways. As for creativity, we can probably give you one of the most unique massage experiences of your life, if you are up for it… 😊 For now, just go with your intuition and we can discuss the details during your intake.

	1	2	3	4	5	6	7	8	9	10	Ultra!
How ***nurturing*** do you want your massage to be?											
How ***challenging*** do you want your massage to be?											
How ***creative*** do you want your massage to be?											

Areas That You May Want More or Less Pressure or Attention: Please check the type of pressure you want and any notes about the type of work you want in the following areas:

Glutes – ( ) None ( ) Light ( ) Medium ( ) Deep _____

Adductors (inner legs) – ( ) None ( ) Light ( ) Medium ( ) Deep _____

Hip/Groin/Psoas Areas – ( ) None ( ) Light ( ) Medium ( ) Deep _____

Stomach – ( ) None ( ) Light ( ) Medium ( ) Deep - **Ticklish Stomach?** ☐Yes ☐No _____

Feet – ( ) None ( ) Light ( ) Medium ( ) Deep - **Ticklish Feet?** ☐Yes ☐No _____

Face – ( ) Yes ( ) No **If yes, what type:** ( ) Light Relaxing Touch ( ) Deep Muscle Work ( ) Both

Scalp – ( ) None ( ) Some ( ) Lots!_____ **Hair** – ( ) None ( ) Some ( ) Lots! _____

Partial and/or Full Chest Massage: Please indicate whether or not you would like massage directly on or around your chest and if so, the type of work you would like.

( ) No Chest ( ) Upper Chest Only ( ) Full Chest & Sternum (no breasts) ( ) Full Chest & Breasts _____ Initial

Breast Area/Tissue: If you are including some or all your breast tissue in your massage, let me know what area to include and the type of massage/focus you would like in this area:

( ) No Breast Tissue ( ) Some Breast Tissue ( ) Most Breast Tissue (No Areola or Nipples) ( ) Entire Breasts _____ Initial

Type: ( ) Therapeutic Separate ( ) Holistic Integrated ( ) Generous/Flowing ( ) Full Lomi*

**Full Lomi is very flowing, uses the least draping and includes a lot of full chest/breast work* _____ Initial

Other Areas of Concern or Special Focus: Let us know what else to focus on or avoid.

☺ **To focus on**

_____

_____

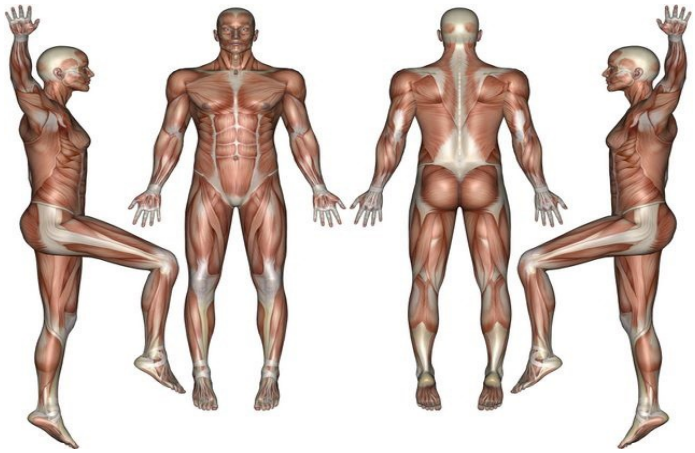
_____

☹ **To avoid**

_____

_____

_____

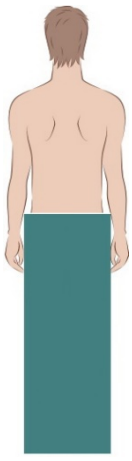
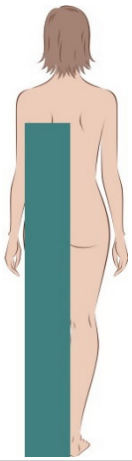
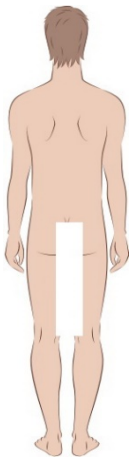
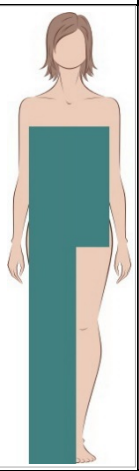
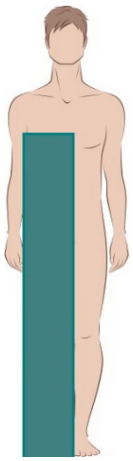
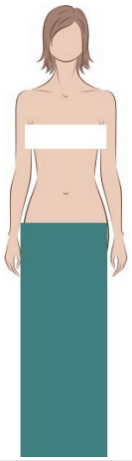
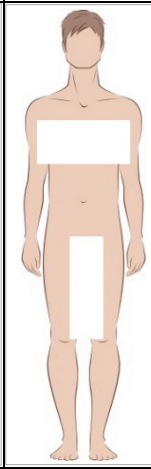
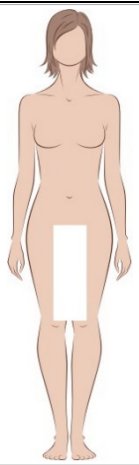


A Whole Lot of Information about Draping and Personal Modesty…

It is very important for both of us to feel as comfortable, relaxed and secure as possible during your session. One of the things that can cause some unease is the amount and type of draping used during the session, so I want to talk a little bit about that with you. The style of massage that I do generally uses less draping than your basic western massage styles. It is loosely based on the Hawaiian Lomi style of massage and lets me use long, full-body strokes to treat the muscles in your neck, back, arms, hips, glutes, legs, feet and toes as one separate-but-definitely-continuous and integrated group of muscles. ***You can always change your draping preferences later by completing a new Draping Preference Form, so just make these choices based on your level of comfort and how you feel today.***

Your first choice is whether you want to wear undergarments. If it is not a personal modesty issue, then I recommend not wearing any. They just get in the way of full body work, ***but this is a choice I leave completely up to you.*** I will make sure that are you covered to your desired level of modesty throughout the massage with a sheet or Lomi towels or however you specifically request. Which brings us to your next choice….

What type of draping or covering you want while you are being massaged? You are free to choose how much or how little draping is used for your massage. Please use the pictures below to choose the draping that you would like. ***The green represents a sheet, and the white represents a cloth towel***. The draping to the left of each set is the most modest/clinical but does not allow for the most thorough and uninterrupted Deep Lomi Massage experience – whereas the draping to the right does but is obviously less modest. ***The bottom line is that you feel safe, relaxed and completely comfortable with your choice so that you can thoroughly enjoy your massage.***

Face Down (Circle One & Initial Below)			Face Up (Circle One & Initial Below)				
Western Sheet	Lomi Sheet	Traditional Lomi Towel	Western Sheet	Lomi Sheet	Sheet and Towel	Western Lomi Towels	Island Lomi Towel
							

☐ Check this box if you would like your chest undraped ***only for the time*** that you are receiving work directly on your chest and/or breasts and then draped again.

☐ Check this box if you would like to have your chest undraped but would like your nipples/areolae covered with disposable adhesive nipple covers.

☐ Check if you would like the gluteal drape removed while receiving massage on the glutes or for long full body Deep Lomi runs while laying face down.

These options are offered so that you know that you are in complete control of your body and modesty while you are on my table as well as to say that for me, in terms of bodywork, ***there should be no shame or glory rooted in our human form, only freedom and acceptance.***