

## 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.**

1. Have you had a professional massage before? Yes No If yes, how often? \_\_\_\_\_

2. Do you have any difficulty lying on your front, back, or side? Yes No  
If yes, please explain: \_\_\_\_\_

3. Do you have any allergies to oils, lotions, or ointments? Yes No  
If yes, please explain: \_\_\_\_\_

4. Do you have sensitive skin? Yes No | Do you consider yourself ticklish? Yes No  
If yes, are there areas I should avoid or be careful around? \_\_\_\_\_  
\_\_\_\_\_

5. Are there any massage/spa smells that you especially like/dislike? Vanilla, lavender, peppermint, eucalyptus, jasmine, lemongrass, others: \_\_\_\_\_

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

7. 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 \_\_\_\_\_

8. Is there a particular area of the body where you are experiencing tension, stiffness, pain or other discomfort now? Yes No  
If yes, please identify: \_\_\_\_\_

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

10. Do you have any specific goals in mind for this massage session? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Circle 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

12. Are you currently under medical supervision (including chiropractic) or taking any medications that I should be aware of? Yes No

If yes, please explain/list: \_\_\_\_\_

13. Please check any conditions or issues listed below that apply to you or you feel are relevant to your treatment today:

- |  |   |
|--|---|
| <input type="checkbox"/> open sores or wounds            | <input type="checkbox"/> deep vein thrombosis/blood clots       |
| <input type="checkbox"/> easy bruising                   | <input type="checkbox"/> joint disorder/arthritis/osteoporosis  |
| <input type="checkbox"/> recent injury or surgery        | <input type="checkbox"/> Fibromyalgia                           |
| <input type="checkbox"/> contagious skin condition       | <input type="checkbox"/> TMJ                                    |
| <input type="checkbox"/> current fever or swollen glands | <input type="checkbox"/> carpal tunnel syndrome                 |
| <input type="checkbox"/> heart or circulatory condition  | <input type="checkbox"/> pregnancy If yes, how many months?     |
| <input type="checkbox"/> high or low blood pressure      | <input type="checkbox"/> any issues with touch/massage          |
| <input type="checkbox"/> headaches/migraines             | <input type="checkbox"/> currently being treated for depression |
| <input type="checkbox"/> varicose veins or phlebitis     | <input type="checkbox"/> 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:

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Can you please tell me how you learned of me and/or my practice? (Thank you!):

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***If you really want to personalize your massage experience, give me some descriptive adjectives that describe your ideal massage:*** \_\_\_\_\_

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I, \_\_\_\_\_ (print name) understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. I am at least 18 years of age. If I experience any pain, discomfort or anxiety during this session, I will immediately inform the practitioner so that he can stop or adjust the massage as necessary. I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician or other qualified medical specialist for any physical or mental ailment that I am aware of. I understand that massage practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said during the session given should be construed as such. 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.

Signature of client \_\_\_\_\_ Date \_\_\_\_\_

*All information disclosed in this form is confidential.*

Least<----->More - Most

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

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

**Glutes** – None | Light | Medium | Thorough | Other: \_\_\_\_\_

**Adductors (inner legs)** – None | Light | Medium | Thorough \_\_\_\_\_

**Hip/Groin/Psoas Areas** – None | Light | Medium | Thorough | Other: \_\_\_\_\_

**Stomach** – None | Light | Medium | Thorough - **Ticklish Stomach?** Yes No \_\_\_\_\_

**Feet** – None | Light | Medium | Thorough - **Ticklish Feet?** Yes No \_\_\_\_\_

**Face** - Yes | No **If yes, what type:** Light Relaxing Touch | Deep Muscle Work | Both

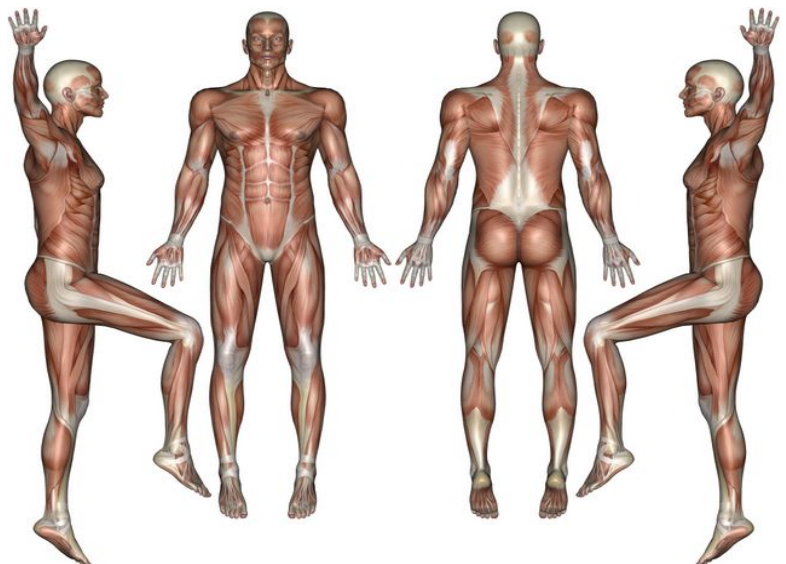
**Scalp** - None | Some | Lots! \_\_\_\_\_ **Hair** – None | Some | Lots! \_\_\_\_\_

No Chest | Upper Chest Only | Full Chest | Full Chest and Sternum (area between breasts)

**Breast Massage:** If you want to include some or all of 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.

**Area:** No Breast Tissue | Some Breast Tissue (no contact with nipples) | Breasts & Nipples

**Type:** Therapeutic Separate | Therapeutic Integrated | Holistic Integrated | Generous/Flowing

[illegible]

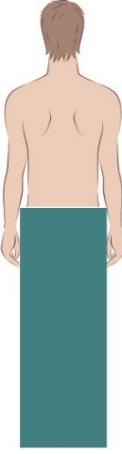
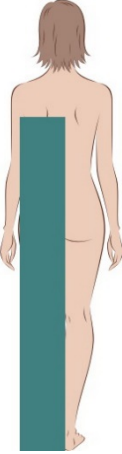

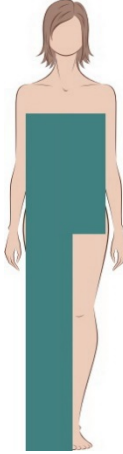
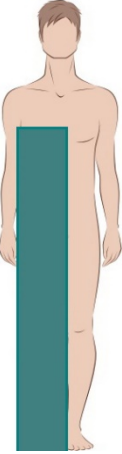
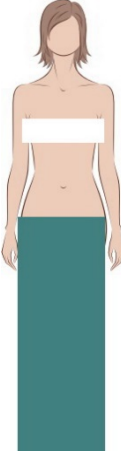
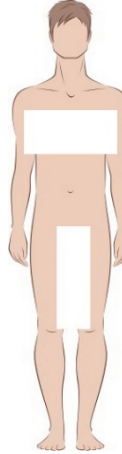
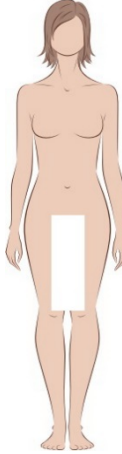
## A Whole Lot of Information about Draping and Personal Modesty...

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 (I have some disposable adhesive nipple covers that you can use and/or you are more than welcome to bring your own as well).

*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.***