

Client Intake Form Personal Information

First Name -

Last name -

Email-

Reason for Visit-

How would you rate your general health?

Describe injuries, concerns, or issues to address + causes and dates of occurrences that I the therapist need to know of ?

Have you the client any Medical issues that I the therapist needs to be made aware of ?

Have you ever had a professional massage?

- No

- Yes

Have you any allergies that the therapist needs to be made aware of before the treatment ?

Are you willing for the therapist to take videos of the treatment for business purposes and social media ?

- Information about massage therapy, potential benefits, effects, risks, contraindications, and possible alternative therapies have been explained to me and I understand this information. I understand the risks associated with massage therapy include, but are not limited to:

- Superficial bruising

- Short-term muscle soreness

- Exacerbation of undiscovered injury

- I have been given the opportunity to ask questions about massage therapy and my questions have been answered to my satisfaction.

Please read and print name or signature:

- I understand that massage therapy is provided for stress reduction, relaxation, relief from

muscular tension, and improvement of circulation and energy flow.

- if I experience pain or discomfort during the session, I will immediately inform my therapist so that pressure/strokes can be adjusted to my level of comfort. I will not hold my therapist responsible

for any pain or discomfort I experience during or after the session.

- I understand that today's services are not a substitute for medical care and that my therapist is not

qualified to diagnose, prescribe, or treat physical/mental illness.

- I affirm that I have notified my therapist of all known medical conditions and injuries.

- I agree to inform the therapist of any changes in my health and medical condition and that there shall be no liability on the therapist's part should I Forget to do so.

. I the therapist Jamie Cheung have a 24 hr cancellation policy fee. To secure booking your treatment slot i require a £20 via bank transfer to prevent changes or cancellations to your agreed appointment.

- I understand that massage is entirely therapeutic and non-sexual in nature.

- By signing this release, I waive and release my therapist from any liability, past, present, and

future, relating to massage therapy and bodywork.

I am willing participant and am happy for the therapist Jamie Cheung to cover and complete the techniques that is required for a sports therapy massage, Chinese tuina massage , deep tissue , acupressure massage, dry needling electric pulse therapy , cupping therapy, fire cupping therapy and joint mobilisation on myself as the client .

I am aware that videos may be shown or used on social media for advertisement purposes of massage therapy.

I hereby declare and I have stated that I am willing for the therapist to perform all of the above.

[] All of the information above I have given is correct and I have listed any contradictions to the therapist.

Client Name (Please Print or sign)

Date