

Client Name: \_\_\_\_\_

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

**MASSAGE THERAPY INTAKE**

What results do you expect from your visit today? \_\_\_\_\_

\_\_\_\_\_

Any body parts that you don't want treated, analyzed or touched (ie: gluteal, abdomen, face, etc.)? \_\_\_\_\_

\_\_\_\_\_

Any body parts you want special attention to? \_\_\_\_\_

\_\_\_\_\_

Do you have any special concerns about your visit or procedure today? \_\_\_\_\_

\_\_\_\_\_

Are there any specific products or odors that you would like us to avoid? \_\_\_\_\_

\_\_\_\_\_

**CONSENT FOR CARE**

*I understand that I will be receiving a therapeutic massage for the purpose of maintaining good health and physical condition. I also understand massage therapists do not diagnose illness, disease, physical or mental disorders; nor do they prescribe medical treatment or medication, and massage should not take place of a doctor's care when indicated.*

*I have read and understand the above statement regarding massage therapy treatment. I also understand that by signing this below I am giving my consent for care/treatment by the Rinnovare Laser and Wellness Center staff. I also understand that there is no guarantee or warranty for a specific cure or result.*

*Client Name (please print):* \_\_\_\_\_

*Client Signature:* \_\_\_\_\_

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