



New Client Intake

Body Harmony Massage · Maria Loftin, LMT · 1272 Taft St, Eugene, OR 97402 · 541-870-9997

Everything you share is private. It helps me tailor your session and keep you safe.

About you

FULL NAME

PHONE

EMAIL

DATE OF BIRTH

ADDRESS

OCCUPATION

HOW DID YOU HEAR ABOUT ME?

EMERGENCY CONTACT (NAME AND PHONE)

Your visit

WHAT BRINGS YOU IN? WHAT WOULD YOU LIKE FROM YOUR SESSION?

PRESSURE PREFERENCE

☐ Light ☐ Medium ☐ Firm ☐ Not sure yet, I'll tell you as we go

AREAS TO FOCUS ON

AREAS TO AVOID

Your health

HOW DO YOU FEEL ABOUT YOUR HEALTH IN GENERAL?

Check anything that applies, now or in the past.

- | | |
|--|---|
| ☐ High or low blood pressure | ☐ Heart condition |
| ☐ Stroke | ☐ Blood clots or circulation problems |
| ☐ Diabetes | ☐ Cancer (current or past) |
| ☐ Autoimmune conditions | ☐ Hepatitis A, B, C, or other |
| ☐ Seizures | ☐ Osteoporosis |
| ☐ Arthritis | ☐ Fibromyalgia or chronic pain |
| ☐ Headaches or migraines | ☐ Neck, back, or joint problems |
| ☐ Muscle strain or sprain | ☐ Whiplash |
| ☐ Numbness or tingling | ☐ Bruise easily |
| ☐ Skin conditions | ☐ Allergies or sensitivities |
| ☐ Anxiety or depression | ☐ Trouble sleeping or insomnia |
| ☐ Any surgeries (past or present) | ☐ Broken or dislocated bones (past or present) |
| ☐ Any injuries (past or present) | |

ANYTHING ELSE I SHOULD KNOW ABOUT?

CURRENT MEDICATIONS AND SUPPLEMENTS, AND WHAT YOU TAKE EACH ONE FOR

ALLERGIES (OILS, LOTIONS, SCENTS, LATEX, ENVIRONMENTAL)

SURGERIES, BROKEN BONES, AND INJURIES: WHAT, WHERE ON YOUR BODY, AND WHEN

ARE YOU PREGNANT?

- ☐ No ☐ Yes, first trimester ☐ Yes, second trimester ☐ Yes, third trimester ☐ Not applicable

ANYTHING ELSE YOU'D LIKE ME TO KNOW?

Consent

Please read the following and sign below.

- I understand that although massage therapy can be very therapeutic, relaxing, and can reduce muscular tension, it is not a substitute for medical examination, diagnosis, or treatment.
- I understand that it is my responsibility to let my therapist know if I feel unsafe or uncomfortable for any reason.
- To the best of my knowledge, I have answered all of the above questions truthfully, and I will tell Maria about any changes in my health before future sessions.
- I understand that I will be properly draped at all times, and that only the area being worked on is uncovered.
- I understand that massage here is strictly therapeutic. Sexual behavior or comments are not tolerated and will end the session.
- I agree to give 24 hours' notice for any scheduled appointment that I am unable to keep. I understand that I will be charged a \$30 fee if I cancel or reschedule with less than 24 hours' notice.
- I understand that if I do not show up for my appointment and give no notice, I will be charged half the price of my massage.
- I understand that if I arrive late, my session will end at the scheduled time and I will pay the full price.
- If I am sick with a fever or something contagious, I will reschedule, and Maria will not charge the late cancellation fee. I understand that emergencies are handled at Maria's discretion.
- I understand that payment is due at the time of service. If Maria is billing my insurance, no payment is due at the time of service and Maria will be the one to bill my insurance.
- I agree to receive appointment reminders by email or text.
- If I am under 18, my parent or guardian has signed below on my behalf.

SIGNATURE

DATE

PARENT OR GUARDIAN NAME (ONLY IF YOU ARE UNDER 18)

Insurance (only if you'd like me to bill your insurance)

NAME OF INSURANCE COMPANY

POLICY NUMBER

CLAIM NUMBER

PHONE NUMBER FOR CLAIMS

FAX NUMBER FOR CLAIMS

I authorize Maria Loftin, LMT to bill my insurance for the massage therapy I receive, and to share with my insurance company the information needed to process my claim.

SIGNATURE

DATE