

**Free Spirit Massage & Doula Services, LLC**  
**205-A Old Perry Road, Bonaire, GA 31005**  
**(478) 365-7857**

**Massage Intake Form - CONFIDENTIAL INFORMATION**

WELCOME! I would like to make your appointment as pleasant and comfortable as possible. If at any time you have questions regarding your session, please let me know.

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_ State \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Occupation \_\_\_\_\_

Email Address \_\_\_\_\_

Do you give me permission to contact you? (Check all that apply)

\_\_\_\_\_ USPS Mail \_\_\_\_\_ Phone Call \_\_\_\_\_ Email \_\_\_\_\_ Text \_\_\_\_\_ Facebook Messenger

How did you hear about Free Spirit Massage & Doula Services, LLC?

Have you ever received massage therapy? \_\_\_\_\_ Yes \_\_\_\_\_ No

Type of massage experienced (Swedish, Shiatsu, deep tissue, etc.) \_\_\_\_\_

Are you currently taking any medications? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list name and reason for medications \_\_\_\_\_

Are you currently seeing a healthcare professional? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list provider names and reason/treatment \_\_\_\_\_

What specific areas would you like for me to focus on or stay away from? \_\_\_\_\_

Circle the any of the following regions that you are uncomfortable with or do NOT want massaged:

Gluteal Region      Pectoral Region      Face/Scalp      Feet      Other: \_\_\_\_\_

Do you have any of the following today: (check any that apply)

\_\_\_\_\_ skin rash      \_\_\_\_\_ cold/flu      \_\_\_\_\_ open cuts      \_\_\_\_\_ severe pain

\_\_\_\_\_ injuries/bruises      \_\_\_\_\_ anything contagious - Specify: \_\_\_\_\_

Do you have any allergies to: (check any that apply)

\_\_\_\_\_ medications    \_\_\_\_\_ foods (nuts, etc.)  
\_\_\_\_\_ environmental allergens (dust, pollen, fragrances, etc.)  
\_\_\_\_\_ reactions to skin care products    \_\_\_\_\_ other

If any of the above are checked, please give details: \_\_\_\_\_

Are you wearing: (check any that apply) \_\_\_\_\_ contact lenses    \_\_\_\_\_ hearing aid    \_\_\_\_\_ hairpiece

**Please review this list and check those conditions that have affected your health either recently or in the past. Place a check mark next to the condition.**

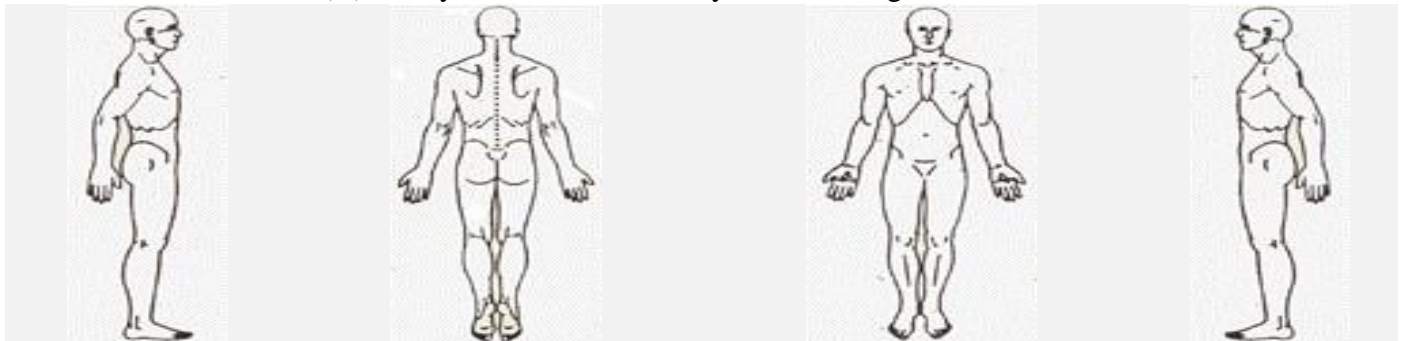
___ arthritis	___ depression, panic disorder, other psych condition
___ diabetes	___ diverticulitis
___ blood clots	___ headaches
___ broken/dislocated bones	___ heart conditions
___ bruise easily	___ back problems
___ cancer	___ high blood pressure
___ chronic pain	___ insomnia
___ constipation/diarrhea	___ muscle strain/sprain
___ hepatitis (A, B, C, other)	___ pregnancy
___ skin conditions	___ scoliosis
___ stroke	___ seizures
___ surgery	___ whiplash
___ TMJ disorder	___ chemical dependency (alcohol, drugs)
___ auto-immune condition**	

(\*\*AIDS, fibromyalgia, chronic fatigue, lupus, etc. Please specify below.)

If there is anything else to share, please do so: \_\_\_\_\_

If any of the above are checked, please give details: \_\_\_\_\_

Please indicate with an (X), if any, the areas in which you are feeling discomfort:



What are your goals/expectations for this therapy session? \_\_\_\_\_

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The following sometimes occurs during massage. They are **normal** responses to relaxation.

Trust your body to express what it needs to:

- \*need to move or change position
- \*sighing, yawning, change in breathing stomach gurgling
- \* emotional feelings and/or expression
- movement of intestinal gas
- \* energy shifts
- \* falling asleep
- \* memories

**Please read the following information and sign below:**

1. I understand that although massage therapy can be very therapeutic, relaxing and reduce muscular tension, it is not a substitute for medical examination, diagnosis and treatment.
2. Being that massage should not be done under certain medical conditions, I affirm that I have answered all questions pertaining to medical conditions truthfully.

**Cancellation/reschedule policy:**

**Booking a session with me, you agree to my policies. All policies are posted on my website as well.**

1. Cancel / reschedule your appointment with at least 24 hour notice: no charge
2. Cancel / reschedule your appointment within 24 hours of your appointment for any reason: 50% of the full un-discounted rate. You can avoid this by sending someone in your place! If you are able to fill this appointment: no charge
3. Cancel / reschedule your appointment within 3 hours: Full charge, unless we can re-book that slot.
4. No show / No notice: If you do not show up for any reason, with no notice, you will be charged full price of the session booked.
5. If you are late for your scheduled session; your session starts without you. You will receive the remaining time you scheduled, but will pay for the full time slot booked. Arrive early so that your session can start on time.
6. Due to recent events with COVID, if you arrive at your appointment showing signs of **ANY** illness, you will be sent home and charged for the appointment. Please call the moment you show signs of illness to avoid any charges.

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

Print Name: \_\_\_\_\_