Katie Massage Intake Form
Katie Pudhorodsky, TX LMT #104926

Name_____Date of Birth _____

Full Address _____

Phone: Home(____)_____ Cell (____)_____

E-mail_____ Date of First Session_____

Occupation_____ Referred By/Source_____

Posture assumed majority of day _____

Previous experience with massage _____

Medical History: Please Mark (X) For All Following Conditions That Apply

____Allergies	____Varicose Veins or Phlebitis	____Rheumatoid Arthritis
____Herniated Disc	____ Heart Attack	____ Osteoporosis
____Pregnancy	____Blood Clots / DVT	____Diabetes
____Cancer / Tumor	____Blood Thinning Medications	____Cortisone Injections
____Chemotherapy / Radiation	____High Blood Pressure	____Chronic Fatigue Syndrome
____Ringing in Ears	____Rash, Broken Skin, Bruises	____Contagious Diseases
____ Headaches	____Accidents/ Injuries	____Asthma
____Surgeries/Fractures	____Gastrointestinal Pains	____Seizures
____Dislocated Joint	____Neuropathy / Numbness	____Stroke
____Kidney Disease	____Lupus	____Implants/Face Lift

____ COVID-19 (vaccine or positive test in past)

Please expand on any items marked above, provide dates, or list any other medical concerns.

_____

_____

List all medication you are currently taking with its condition. _____

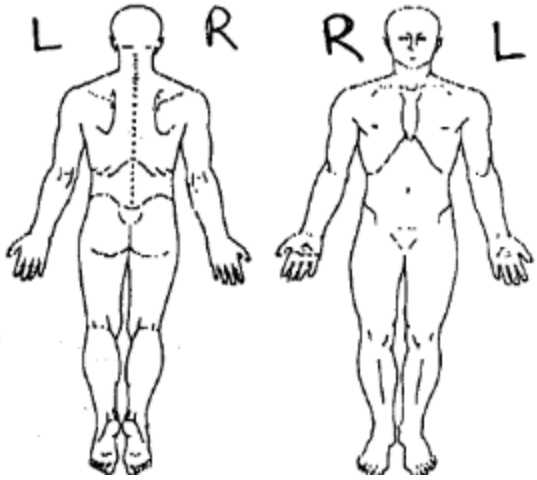
_____

Are you under the care of a medical practitioner (outside of yearly check ups)? No Yes
Any dental work in past 6 months? No Yes If yes, please explain:

_____

Name of dental practice / dentist if in for TMD _____

Please shade any areas of pain:



Goal for today's session. _____

_____

_____

_____

Are you under the age of 18? If yes, must have written consent of parent or guardian to receive massage. A parent must also be in the room for treatment.

PLEASE TAKE A MOMENT TO CAREFULLY READ THE FOLLOWING INFORMATION AND SIGN WHERE INDICATED. I understand that massage / bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and /or strokes may be adjusted to my level of comfort. I further understand that massage / bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should consult a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage / bodywork therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage / bodywork 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 medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so.
The massage therapist will not perform breast massage on female clients and drape the breasts. Draping of the genital area and gluteal cleavage will be used at all times during the session for all clients. If uncomfortable for any reason the client or therapist may ask to end the massage session, and the session will be ended.

As a courtesy to my therapist and other clients I understand that I should arrive five minutes before my appointment time. I understand that Katie Massage requires a **24 hour cancellation** for any appointment or I will be **charged $50.**.
I understand I will be added to the Katie Massage email list. This list will never be sold or given to another party & I can unsubscribe at anytime.

Client Signature (parent/guardian if under 18)_____ Date _____

Therapist Signature _____ Date_____

To be completed by therapist:
Type of Massage Technique to be implemented:
_____
*Parts of the body to be massaged (Including indications and contraindications):*_____[1]
_____

[1] Mass / temp / tongue tongue place track sleep reading SCM class hook CJaw hyp-bo TJz