

Reworks Massage Intake Form

Please fill out the front and the back.

Name _____ Date of Birth ___/___/___

Street _____

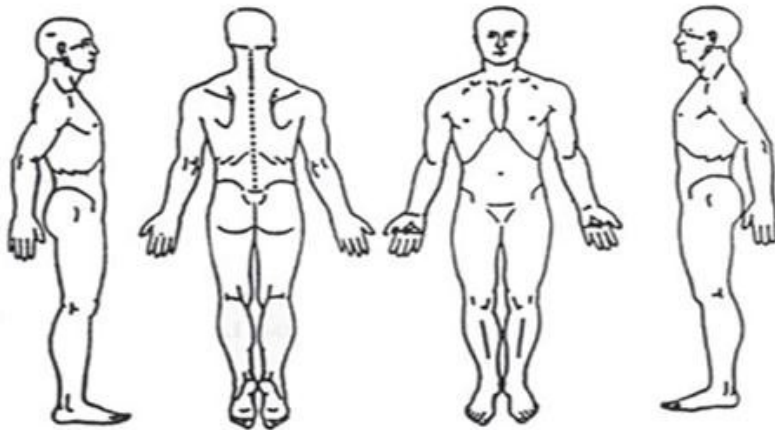
City _____ State _____ Zip _____

Phone Number _____ - _____ - _____ Cell Home Work

Email _____ (for notifications only)

Occupation(s) _____ # of Years? _____

Indicate what you would like worked on or need help with. Feel free to write details!



Do you have any of the following today?:

- | | |
|---|--|
| <input type="checkbox"/> skin rash | <input type="checkbox"/> cold/flu/infections/dis-eases |
| <input type="checkbox"/> open cuts | <input type="checkbox"/> severe pain |
| <input type="checkbox"/> swollen or inflamed anything | <input type="checkbox"/> injuries/bruises |

Do you have any allergies to:

- | | | |
|--|--|--|
| <input type="checkbox"/> lotion, creams? | <input type="checkbox"/> dogs, cats, ferrets, etc? | <input type="checkbox"/> foods (nuts, milk, etc.)? |
| <input type="checkbox"/> dust, pollen? | <input type="checkbox"/> fragrances? | <input type="checkbox"/> skin care products |
| <input type="checkbox"/> other: | Details: | |

Medical History

If you are receiving massage from Reworks as support of any medical condition such as cancer, TMJ, whiplash, insomnia, surgery or stroke and/or prevention of any health condition such as arthritis, migraines, chronic pain, blood clots, diabetes or seizures, for example, please request, fill out and attach the Reworks Extended Medical Intake Form.

By signing your name and marking today's date you agree to the following:

- I understand that although massage can be very therapeutic, relaxing and can reduce muscular tension, it is not a substitute for medical examination, diagnosis, care and/or treatment.
- I understand that this is a therapeutic massage and any sexual remarks or advances will terminate the session at full cost without refund.
- Being that massage should not be done under certain medical conditions, I affirm that I have answered all questions pertaining to all medical conditions truthfully and have informed Reworks Massage and Tech LLC/Cori Tate Barker, LMT of any and all medical conditions, especially those that are contraindicated (will be worsened by massage).
- I understand my responsibility to communicate:
 - Discomforts such as pressure, temperature, draping, music, conversation.
 - Changes in medical conditions.
 - Expectations for the session and during the session.
- I hereby for myself, my heirs, administrators and assignees, waive and release any and all rights and claims of damages that may hereafter accrue to me, or which I have against Reworks Massage and Tech LLC or Cori Tate Barker, LMT for all and any injury, loss, pain and suffering, and damages suffered by me during the course of or in any way connected to any and all massage therapy sessions, past, future and present.

Signature: _____ Date $\frac{\quad}{m} / \frac{\quad}{d} / \frac{\quad}{y}$

Version 3.0
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REWORKS
Mobile Massage