# QUENCH YOUR BLISS

## NEW CLIENT INTAKE FORM - PERSONAL & MEDICAL INFORMATION

## PERSONAL INFORMATION

Full name: _____ Year of birth: _____ Date completed: _____

Phone: _____ Email: _____

Address: _____

City / State / ZIP: _____

Emergency contact: _____ Relationship: _____

Emergency phone: _____ How did you hear about me? _____

## MEDICAL INFORMATION

Are you taking any medications? ☐ Yes ☐ No

Current medications - include prescriptions, over-the-counter medicines, and supplements: _____

_____

Are you currently pregnant? ☐ Yes ☐ No If yes, how far along? _____

Any high-risk factors? _____

Do you currently experience chronic pain? ☐ Yes ☐ No

Please explain: _____

What makes it better? _____

What makes it worse? _____

Have you had any significant injuries or surgeries within the last 9 months? ☐ Yes ☐ No

If yes, approximately when? ☐ 1-3 months ago ☐ 4-6 months ago ☐ 7-9 months ago

Please describe: _____

**MEDICAL CONDITIONS CONTINUE ON PAGE 2**

Please check every condition that applies and add anything not listed.

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## MEDICAL CONDITIONS

## CHECK EVERY CONDITION THAT APPLIES

### MUSCULAR & SOFT-TISSUE

- ☐ Fibromyalgia
- ☐ Sprains or strains

### BONE & JOINT

- ☐ Arthritis
- ☐ Joint replacement(s)
- ☐ Osteoporosis / osteopenia

### CARDIOVASCULAR & CIRCULATORY

- ☐ Hypertension or hypotension
- ☐ Heart disease / heart attack
- ☐ Blood clots / clotting disorder
- ☐ Varicose veins

### NEUROLOGICAL

- ☐ Headaches / migraines
- ☐ Stroke / TIA
- ☐ Neuropathy / numbness
- ☐ Seizure disorder

### INTERNAL ORGAN & METABOLIC

- ☐ Diabetes - Type 1 or Type 2
- ☐ Kidney disease
- ☐ Cancer

### RESPIRATORY, SKIN & OTHER

- ☐ Asthma / breathing condition
- ☐ Skin condition / infection

## ADDITIONAL CONDITIONS NOT LISTED ABOVE

_____

_____

_____

_____

_____

# QUENCH YOUR BLISS

## NEW CLIENT INTAKE FORM - MASSAGE PREFERENCES

## MASSAGE INFORMATION

**When was your most recent professional massage?**

☐ This will be my first professional massage

☐ 1-3 months ago ☐ 4-6 months ago ☐ 7-9 months ago ☐ 10-12 months ago ☐ Over a year ago

What did you like about that massage? _____

What would you have preferred to be different? _____

**What type of massage or service are you seeking? Choose up to 5:**

**RELAXATION MASSAGE**

- ☐ Swedish
- ☐ Lomi Lomi Hawaiian
- ☐ Light Touch
- ☐ Choose a blend for me

**THERAPEUTIC / BODYWORK**

- ☐ Deep Tissue
- ☐ Thai
- ☐ Custom Chirapsia
- ☐ Acupressure
- ☐ Active Isolated Stretching
- ☐ Alternative Healing
- ☐ Reflexology

**SPA TREATMENTS**

- ☐ Facial
- ☐ Body Scrub
- ☐ Paraffin Wax
- ☐ Hot Stones - 20-min add-on

Areas where you want deeper pressure: _____

Areas where you want lighter pressure: _____

Preferred massage product: ☐ Lotion ☐ Oil ☐ Gel ☐ Cream ☐ Combination ☐ No preference

Product scent preference: ☐ Scented ☐ Unscented ☐ No preference

Do you have allergies or sensitivities? ☐ Yes ☐ No

Please explain: _____

Are there any areas you do not want massaged? ☐ Yes ☐ No

Please identify them: _____

# QUENCH YOUR BLISS

## CLIENT PREFERENCES & FOCUS AREAS

## GETTING TO KNOW YOU

Occupation: _____

Repetitive movements, prolonged postures, lifting, or physical demands: _____

Tell me something interesting or fun about yourself: _____

## MASSAGE FOCUS DETAILS

Primary concern for your upcoming session: _____

How long have you experienced it? _____

Where would you like me to spend the most time? _____

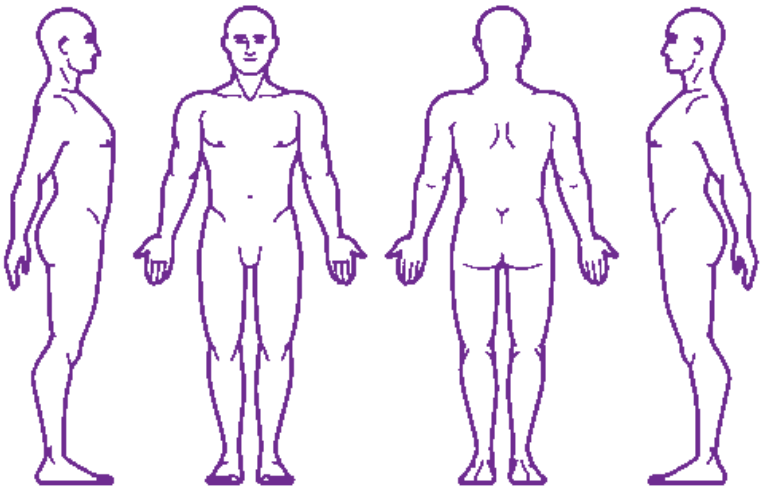
Preferred focus: ☐ Full body ☐ Targeted areas ☐ Relaxation / nervous-system reset

**TARGET AREAS - CHOOSE UP TO 5**

| | | | |
|---|---|---|---|
| ☐ Neck (cervical) | ☐ Shoulders | ☐ Upper back / shoulder blades | ☐ Mid-back (thoracic) |
| ☐ Lower back (lumbar) | ☐ Hips / gluteal area | ☐ Hamstrings | ☐ Quadriceps |
| ☐ Calves | ☐ Feet | ☐ Arms / hands | ☐ Other: _____ |

## AREAS OF DISCOMFORT OR TENDERNESS

Circle every area of discomfort, tenderness, or requested focus on the figures below:



# QUENCH YOUR BLISS

## UPCOMING SESSION PURPOSE & ENHANCEMENTS

## PERSONAL CONTEXT

Current age: _____ Sex assigned at birth: ☐ Female ☐ Male ☐ Intersex

Ethnicity (optional): _____ ☐ Prefer not to answer

## WHAT ARE YOUR MAIN REASONS FOR THIS UPCOMING SESSION?

**Choose up to 5 reasons:**

- ☐ Pain relief
- ☐ Injury recovery
- ☐ Condition support
- ☐ Relaxation
- ☐ Stress relief
- ☐ Muscle knots / tension
- ☐ Mobility / flexibility
- ☐ Athletic recovery
- ☐ Safe professional human touch
- ☐ Hybrid / multiple reasons
- ☐ Other: _____

## OPTIONAL SESSION ENHANCEMENTS - 5-20 MINUTE ADD-ONS

**Choose up to 6 add-ons per session. Select one duration for each:**

| ENHANCEMENT | 5-10 MIN | 15-20 MIN |
|---|---|---|
| Steam | ☐ | ☐ |
| Hydrocollator moist-heat pack | ☐ | ☐ |
| Hot stones | ☐ | ☐ |
| Hot towels | ☐ | ☐ |
| Aromatherapy | ☐ | ☐ |
| Gua sha | ☐ | ☐ |
| Cupping | ☐ | ☐ |
| Graston / IASTM | ☐ | ☐ |
| Percussion | ☐ | ☐ |
| Heated bamboo sticks | ☐ | ☐ |

Enhancement selections are requests and depend on safety, availability, session length, and pricing.
I will confirm what is appropriate before the session begins.

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## INTENDED HEALTH BENEFITS & WELLNESS GOALS

### YOUR INTENDED BENEFITS

**List the specific benefits you hope to receive through massage therapy:**

_____

_____

**Describe how you would like to feel or function one year from today:**

_____

_____

**Are there mental, emotional, or lifestyle changes that could support that goal?**

_____

_____

# QUENCH YOUR BLISS

## INFORMED CONSENT & GENERAL LIABILITY ACKNOWLEDGMENT

### PLEASE READ BEFORE SIGNING

1. I voluntarily consent to receive massage therapy services from Quench Your Bliss.
2. I understand massage therapy is not a substitute for medical diagnosis, medical treatment, or prescribed medication. Rachel, a Licensed Massage Therapist, does not diagnose illness or injury or prescribe medication.
3. I confirm that I have disclosed relevant health conditions, surgeries, medications, allergies, pregnancy, recent injuries, and other information that may affect my session. I will report material changes before future sessions.
4. I understand possible responses or risks may include temporary muscle soreness, superficial bruising, skin sensitivity, dizziness, or aggravation of an undisclosed or pre-existing condition.
5. I will immediately communicate pain, numbness, dizziness, pressure concerns, draping concerns, or any other discomfort so Rachel can adjust or stop the session.
6. I understand that I may withdraw consent or end the session at any time. Rachel may also modify or end the session when safety, professional boundaries, or clinical judgment require it.
7. I understand that massage therapy results vary and no specific outcome, cure, or health benefit has been guaranteed.
8. I have had the opportunity to ask questions, and my questions have been answered to my satisfaction.
9. To the extent permitted by applicable law, I accept the ordinary and disclosed risks of massage therapy and release Quench Your Bliss from claims arising solely from those ordinary risks. This does not waive rights that cannot legally be waived.

### FINAL ACKNOWLEDGMENT

My signature confirms that I completed this entire seven-page Quench Your Bliss client intake and consent packet, understand the information above, and certify that my responses are accurate to the best of my knowledge.

**Print name:** _____ **Date:** _____

**Client signature:** _____