



Bodywork Intake Form

Name: _____ Date: _____

Home Phone: _____ Mobile Phone : _____

Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Occupation: _____

Have you received massage therapy/MFR before? _____ How often? _____

Reason for receiving massage therapy/MFR and areas of focus for your session?

Are there any activities that aggravate your current condition? _____

Are you currently under a physician's care? _____ For what? _____

Please list any surgeries, accidents, or injuries in the last five years, including dates:

Please list any medication you are currently taking, including over the counter drugs and herbal remedies: _____

Client Agreement

I understand that the massage therapy provided by Rebecca Rizzuto, CMT, is for the purpose of stress reduction, pain reduction, relief from muscle tension, increasing circulation, or specific reason noted here:
I understand that massage therapy does not diagnose illness or disease, or any other disorder, and that the massage therapist does not prescribe medical treatment or pharmaceuticals, nor are spinal manipulations part of massage therapy.
I understand that massage therapy is not a substitute for medical examinations or medical care, and that it is recommended that I am concurrently working with my primary caregiver for any condition I may have.
I have stated all my known physical conditions, medical conditions, and medications, and I will keep the massage therapist updated on any changes.
I understand that all cancellations must be made at least 24 hours in advance; otherwise, payment in full is required.

Client Signature: _____ Date: _____

