

HOMEBODY MASSAGE  
**CLIENT INTAKE FORM**

CLIENT INFORMATION & REASON FOR VISIT

**CLIENT INFORMATION**

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

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_

Email: \_\_\_\_\_

Yes, please add me to the Homebody Massage newsletter.  
(Occasional updates, wellbeing tips, and special offers. No spam, ever.)

**EMERGENCY CONTACT**

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

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

**REASON FOR VISIT**

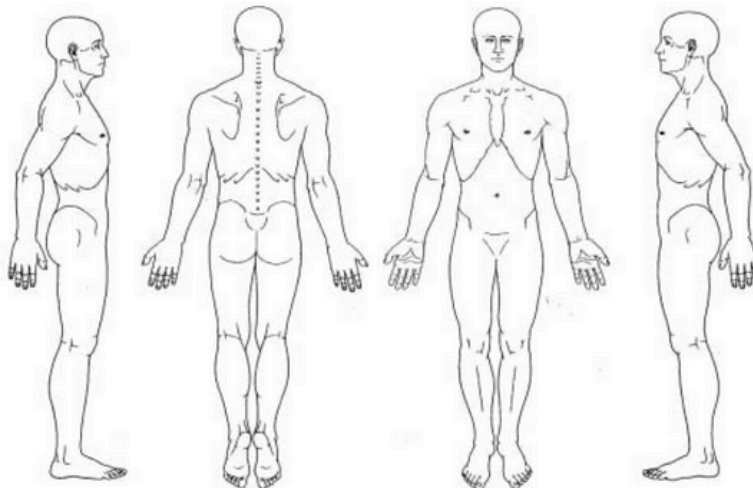
**What is your primary reason for booking an appointment?**

- Relieve Pain
- Relieve tension
- Relieve stress
- Relieve anxiety
- Improve mobility
- Relaxation
- Improve quality of life (sleep, mood, etc.)

**Select the TYPE OF PRESSURE you want used most of your massage session.**

- Light Swedish
- Firm Swedish
- Deep Tissues
- Super Deep Tissue

**Please indicate the areas where you feel pain, swelling, numbness or discomfort.**



HOME BODY MASSAGE

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WELLBEING & HEALTH HISTORY

## WELLBEING

*These questions help me better understand your overall wellbeing and how your body responds to stress and recovery.*

**Do you have any previous experience with Massage Therapy?**

Yes

No

**Which of the following best reflects your typical daily activity?**

Mostly sitting

Mostly standing

Other \_\_\_\_\_

**How would you describe your average daily water intake?**

Less than 4 cups (1 liter)

4-8 cups (1-2 liters)

8+ cups (over 2 liters)

**How often do you exercise or engage in physical activity?**

Rarely

1-2 times per week

3-5 times per week

Daily

**How would you rate the quality of your sleep?**

Poor (less than 4 hours)

Fair (4-6 hours)

Good (6-8 hrs)

Excellent (Over 8 hours)

## HEALTH HISTORY

**List any major accidents or surgeries (including dates)**

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**Please tell us about any allergies or hypersensitivities**

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WELLBEING & HEALTH HISTORY

## HEAD/NECK

- Neck pain or stiffness
- Chronic headaches or migraines
- Jaw tension or clenching (TMJ/TMD symptoms)
- Dizziness or vertigo
- History of concussion or head injury
- Other (please describe): \_\_\_\_\_
- None

## RESPIRATORY SYSTEM

- Asthma or difficulty breathing
- Seasonal allergies or chronic sinus congestion
- Shortness of breath
- Sleep Apnea
- Other (please describe): \_\_\_\_\_
- None

## NERVOUS SYSTEM

- Sensory loss/change
- Sciatica
- Seizures
- Numbness/tingly
- Epilepsy
- Multiple sclerosis
- Other (please describe): \_\_\_\_\_
- None

## MUSKOSKELETAL SYSTEM

- Muscle tension or stiffness
- Joint pain or inflammation
- Chronic pain or fatigue
- Recent injury or surgery
- Sprains or strains
- Arthritis or other joint conditions
- Limited range of motion
- Numbness, tingling, or nerve pain
- Other (please describe): \_\_\_\_\_
- None

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WELLBEING & HEALTH HISTORY

**CARDIOVASCULAR**

- High blood pressure
- Low blood pressure
- Heart attack
- Stroke
- Heart attack
- Poor circulation
- Pacemaker
- Varicose veins
- Blood clots / DVT
- Other (please describe): \_\_\_\_\_
- None

**SKIN**

- Herpes
- Athlete's Foot
- Skin Irritation or Rash
- Other (please describe): \_\_\_\_\_
- None

**REPRODUCTIVE**

- Pregnancy (current or recent): \_\_\_\_\_
- Menstrual discomfort or irregularity
- Endometriosis or fibroids
- Menopause or hormone therapy
- Other (please describe): \_\_\_\_\_
- None

**GENERAL HEALTH**

- Hepatitis
- HIV/AIDS
- Tuberculosis
- Lyme Disease
- Cancer
- Other (please describe): \_\_\_\_\_
- None

# HOMEBODY MASSAGE

# CLIENT INTAKE FORM

## CLIENT CONDUCT & BOUNDARIES

### CLIENT CONDUCT

*Homebody Massage* maintains a strict standard of professionalism and safety. Over the years, the therapist has experienced boundary violations from male clients, which led to a temporary pause in accepting male clientele while practicing in Texas. In Alabama, *Homebody Massage* welcomes all clients; however, **any suspicious or inappropriate behavior will result in the immediate termination of the session.**

\_\_\_ I understand that the therapist upholds a **zero-tolerance policy for any sexual or inappropriate behavior, comments, or suggestions.**

\_\_\_ I understand that, if necessary, the therapist may contact the proper authorities or take appropriate action to ensure a safe and professional environment.

### PROFESSIONAL BOUNDARIES

While texting is the easiest way to reach the therapist, clients understand that **accessibility does not mean availability.** All communication is conducted through a work number, not a personal phone line.

Clients agree to respect communication boundaries, including:

- Contacting only during reasonable hours (6 AM – 9 PM).
- Using messages solely for scheduling, rescheduling, or brief clarifications.
- Avoiding casual or overly personal communication.

**Any inappropriate messages, calls, or contact at irregular hours without explanation will be considered a violation of professional boundaries and may result in termination of the client-therapist relationship.**

\_\_\_ I understand and agree to maintain appropriate communication boundaries with my therapist as described above.

### SUBSTANCE USE

For everyone's safety, clients must be in a clear and sober state suitable for massage therapy. If the therapist determines that a client is impaired, the session will be canceled immediately and payment forfeited.

\_\_\_\_\_ I understand and agree to this policy

Client Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_

# HOMEBODY MASSAGE

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## CANCELLATIONS AND RUNNING LATE

### CANCELLATIONS

\_\_\_ If you need to cancel or reschedule, please let your massage therapist know **at least 24 hours in advance**.

\_\_\_ **Cancellations made within 24 hours of the scheduled appointment** will incur a **\$50 fee**, as that time could have been offered to another client. *Homebody Massage* appreciates each client's understanding and respect for the therapist's time and schedule.

\_\_\_ **The therapist holds themselves to the same standard.** In the unlikely event that the therapist must cancel or reschedule within 24 hours of the scheduled appointment, the client will receive **20% off their next session** as a gesture of appreciation for their understanding and flexibility.

\_\_\_ The **only exceptions** to the cancellation fee are contagious **illness or a true emergency**. If either the client or the therapist is experiencing a cold, flu, fever, or any contagious illness, the cancellation fee will be waived; however, the appointment must be rescheduled at least two weeks out to ensure the health and safety of everyone involved.

### LATE ARRIVAL

\_\_\_ *Homebody Massage* understands that delays can occur due to traffic, weather, or unforeseen circumstances, and the therapist will always make reasonable efforts to accommodate them. **A 10-minute grace period is observed for both the client and the therapist before either party is required to make contact.** If either the client or therapist expects to be delayed beyond 10 minutes, they are asked to notify the other as soon as it is safe to do so and provide an updated estimated arrival time.

\_\_\_\_\_ **If the client arrives late**, the therapist will make every reasonable effort to accommodate the full session time. When scheduling allows, the therapist may be able to extend the session so the client receives their full hands-on time; however, **this cannot be guaranteed**. If another appointment follows, the session will still conclude at the originally scheduled end time to respect subsequent clients and account for setup and travel.

\_\_\_\_\_ **If the therapist is running behind, the client will always receive their full session time.**

### SESSION TIMING

\_\_\_\_\_ The **60-, 90-, or 120-minute sessions** booked with *Homebody Massage* reflect **pure hands-on time**. Setup, intake, and packing up are not deducted from the client's session length. The therapist intentionally schedules additional time before and after each appointment to ensure the client receives their full time on the table without feeling rushed – **provided the client arrives on time**.

Client Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_

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## PAYMENT

### FORMS OF PAYMENT

\_\_\_ *Homebody Massage* accepts **all major debit and credit cards**, as well as digital payment options including **Apple Pay, Venmo, Cash App, and PayPal**. These methods are preferred, as they carry smaller transaction fees and better support small local businesses

\_\_\_ Payment is typically processed after the session, once the appointment is complete and the space has been wrapped up. If a card is kept securely on file, the transaction can also be processed directly from the phone for ease and efficiency.

### HEALTH INSURANCE

\_\_\_ *Homebody Massage* **does not participate** in or bill through **health insurance** plans.

### ADD-ONS

\_\_\_ *Homebody Massage* currently offers **Hot Stones** as an optional service enhancement for an additional **\$15 per session**.

\_\_\_ A **\$10 fee applies** when the therapist is required to **transport equipment up or down stairs**.

### DISCOUNTS

\_\_\_ Clients receive **\$20 off their next massage** when they leave a **Google Review** following their session.

\_\_\_ **Clients who provide their own clean sheets** receive **\$5 off** their session. Sheets must be hygienic and appropriate for professional use; bedding that appears soiled or unsanitary cannot be used.

\_\_\_ Clients may subscribe to the *Homebody Massage* newsletter to receive occasional updates on schedule changes, wellness tips, and seasonal discounts.

### TIPS

\_\_\_ **Session pricing reflects the true value of the therapist's work, time, and travel. Gratuities are never expected but are always appreciated as a reflection of the client's experience.** *Clients seeking more insight into tipping practices may visit the FAQ section at [homebodybyjulie.com](http://homebodybyjulie.com)*

Client Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_

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CLIENT ACKNOWLEDGEMENT AND CONSENT

## FORM CHECKLIST

Please check each form you have read and signed:

**Cancellations and Running Late**

I understand and agree to the terms regarding cancellations, rescheduling, and late arrivals.

**Client Conduct & Professional Boundaries Policy**

I understand the professional nature of massage therapy and agree to maintain appropriate boundaries and communication at all times.

**Payment**

I understand the accepted payment methods, discount options, and tipping guidelines.

## ACKNOWLEDGEMENT AND CONSENT

You understand the following

**HIPAA Privacy & Confidentiality Agreement**

I understand that all personal and health information shared will remain private and confidential, in accordance with HIPAA guidelines.

**Scope of Practice Disclosure**

I understand that massage therapy is intended to promote relaxation and overall wellbeing. I recognize that massage therapists do not diagnose medical conditions, prescribe medications, or perform medical treatment.

**In-Home Session Consent (For Mobile Appointments)**

I consent to receive massage therapy in my home and agree to provide a clean, safe, and private environment for the session.

**Insurance & Liability Acknowledgment**

I understand that *Homebody Massage* maintains professional and general liability insurance. This insurance protects both the therapist and the client in the event of an incident related to massage services.

Client Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_