



Ashlie Pinter

Massage/Reiki Combo intake form

Date of birth 27 May 1985

Practitioner Jodie Mehrstens

Appointment 2 Jun 2023, 1:15PM

Completed 2 Jun 2023, 1:21PM

Intake Form

How did you hear about us? Gift voucher

Emergency Contact Tim Pinter 0422792359

Have you had massage before
☒ Yes
☐ No

What pressure do you prefer?
☐ Light
☐ Medium
☒ Deep

Do you have any allergies or sensitivities? No

Are there any areas you would prefer not to be massaged? Please detail below. Feet

What are your goals for this treatment session? Relieve tension/tight muscles (neck, shoulders, back, legs)

Do you suffer with any of the following (tick all that apply)

- ☐ Pregnant
- ☐ Migraines / Headaches
- ☐ High stress / anxiety
- ☐ Dizziness / pins & needles
- ☐ Heart health issues or high blood pressure
- ☐ Circulation issues
- ☐ Liver or Kidney disease
- ☐ Varicose or spider veins
- ☐ Blood clots or thrombosis
- ☐ Breathing or lung difficulties
- ☐ Gastrointestinal issues (bloating, pain, constipation)
- ☐ Nerve pain (fibromyalgia or other)
- ☐ Back / spinal injuries
- ☐ Arthritis
- ☐ Immune dysfunction / autoimmune
- ☐ Breast tenderness
- ☐ Skin health (rashes, psoriasis, eczema, lesions and mounds)
- ☐ Chronic illness (cancer, tumours, infectious diseases)
- ☐ Sprains or strains

Do any of the above require further explanation?

Are there any other condition that you think I should know about prior to our session?

Do you experience any discomfort in any part of your body? If so detail below.

Is there anything else you feel that we should know before beginning treatment?

Client consent and waiver

I verify that all information is correct and current to the best of my knowledge. I understand that any information provided is for safety purposes and will be kept strictly confidential, unless I provide written consent. I hereby give my consent to receive treatments and I acknowledge and agree that I am doing so at my own risk. My health and safety with respect to such services are my sole responsibility. My decision to receive services is voluntary, and I know of, understand and assume any and all the risks associated therewith. In exchange for receiving services for myself and on behalf of my heirs, executors, administrators and personal representatives, hereby waive, release, discharge and hold my therapist harmless from any and all liability for any and all injuries, including damages or claims relating to or resulting from my receipt of the services, now or in the future, foreseen or unforeseen.

Please take a moment to read and sign the following information:

- If I experience pain or discomfort during the session, I will immediately inform my therapist. I will not hold my therapist responsible for any pain or discomfort I experience before, during or after the session.
- I understand that the services offered today are not a substitute for medical care.
- I understand that my therapist is not qualified to carry out a medical examination or provide a diagnosis and I agree not to interpret their comments as medical advice.
- I affirm that I have notified my therapist of all known medical conditions and injuries.
- I agree to inform the therapist of any changes in my health and medical condition. I understand that there shall be no liability on the therapist's part should I forget to do so.
- I understand that treatment is non-sexual in nature.
- I understand my medical information and treatment notes may be released to other, third-party, health practitioners whom I agree for my therapist to refer me to.
- I agree that my therapist will need to disclose my personal information, if required to by law.
- By signing this release, I hereby waive and release my therapist from any and all liability, past, present and future relating to this treatment.

Type your full name if you consent

Ashlee Pinter

Signature



Date

2 Jun 2023