

TERRAPEUTA

Personal Wellness Therapist | Specializing in Massage Therapy

A little about you

Downloading does not submit intake. Arrange private completion with Andrea; do not email completed forms.

01 Your details

Full legal name

Preferred name

Date of birth (MM/DD/YYYY)

Phone

Email (if available)

Home address, city, state and ZIP

Emergency contact / relationship

Emergency contact phone

02 Your session

Have you received professional massage before?

☐

Yes

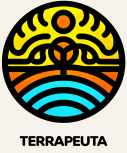
☐

No

What would you like from this session? Areas to focus on?

Any discomfort? Where, how does it feel, and when did it begin?

What helps or worsens it? Any previous treatment? (If applicable)



Your health, thoughtfully considered

Check what applies. Add details below, or arrange to discuss them before your session.

Client name

Date

03 Health history

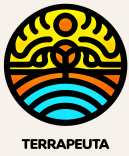
Include current conditions and relevant history. These answers guide our conversation.

- | | |
|--|---|
| ☐ Heart condition / pacemaker | ☐ Stroke / neurological condition |
| ☐ High or low blood pressure | ☐ Numbness / reduced sensation |
| ☐ Blood clot / thrombosis / embolism | ☐ Seizures / epilepsy |
| ☐ Bleeding disorder / easy bruising | ☐ Dizziness / balance concerns |
| ☐ Swelling / lymphedema | ☐ Headaches / migraines / jaw pain |
| ☐ Diabetes | ☐ Vision / hearing needs |
| ☐ Kidney condition | ☐ Breathing condition |
| ☐ Osteoporosis / fragile bones | ☐ Cancer / cancer treatment |
| ☐ Arthritis / joint condition | ☐ Skin condition / wound / infection |
| ☐ Muscle, back or disc condition | ☐ Allergy / severe allergic reaction |
| ☐ Recent injury / fracture | ☐ Fibromyalgia / persistent pain |
| ☐ Surgery / joint replacement / implant | ☐ Other condition or concern |
| ☐ Pregnancy / recent childbirth | ☐ None of these apply |

Details, dates, symptoms, or healthcare-provider instructions

Current medications and supplements (or write "none")

Allergies / sensitivities, including oils, fragrances and latex (or "none")



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Your comfort. Your choice.

You can ask questions, change your preferences, or stop the session at any time.

04 Before your visit

Do you currently feel unwell, have a fever, or a recent contagious illness?

☐ Yes

☐ No

If yes, contact Andrea before your visit.

Areas to avoid / positioning, pressure or accessibility needs

Pressure preference:

☐ Light

☐ Medium

☐ Firm

☐ Discuss together

Preferred techniques/modalities; music, scents, products or tools to use or avoid

Visit address if different / parking, stairs or access instructions

05 Informed consent

1. Massage is a professional therapeutic service. It is not a substitute for medical diagnosis or treatment. Andrea does not diagnose conditions or prescribe medication.
2. Before treatment, Andrea will discuss the proposed approach, relevant benefits, risks and precautions, and draping. I can ask questions and decline any area, product or technique.
3. I may undress to my comfort level. My privacy and boundaries will be respected. Consent to any specific undraping will be discussed and documented separately. I may request a change or stop at any time.
4. I have shared my health information as accurately as I can and will report changes. I will tell Andrea about discomfort during the session so we can adjust the approach.

After discussing the above and having my questions answered, I consent to this session.

Client / authorized representative signature: _____

Printed name / relationship: _____ Date: _____

Reviewed with Andrea / therapist signature: _____ Date: _____