



Sweet Earth Therapeutic Massage, LLC
 Myrna Lovell-Jones, LMT, CMT, NMT
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 215 Church Street – Ste 108, Decatur, GA 30030



CLIENT INTAKE FORM

Full Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Occupation: _____ Emergency Contact: _____

Phone #: _____ Relationship: _____

Physician: _____ Phone #: _____

Medical History Health Conditions: _____

Please indicate any of the following conditions that you currently have:

- Headaches Allergies Arthritis, Tendonitis Cancer TMJ Abnormal Skin Condition Epilepsy or Seizures
- Heart/Circulation Problems Joint Surgery High/Low Blood Pressure Major Recent Accident Diabetes
- Varicose Veins Blood Clots Neck/Back Injuries Fibromyalgia Numbness Sprains, Strains Bruise Easily
- Recent Injuries Wear a Pacemaker Had Surgery Performed within the last 30-days Take Blood Thinners
- Osteoporosis Allergic to Latex Accident/Broken Bones in the past 2-Years Pregnant

Explain Any Conditions Not Shown Above: _____

I hereby request and consent to massage therapy and have been informed about the type of massage/modality of treatment, and which body areas will be worked on.

I understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during the session, I will immediately inform the therapist so that the pressure, strokes and/or stretches may be adjusted to my level of comfort. I further understand that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the massage therapist updated as to any changes in my medical profile during the session and understand that there shall be no liability on the massage therapist; namely, Myrna Lovell-Jones' part, should I fail to do so. I understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session. I also understand that the License Massage Therapist reserves the right to refuse to perform massage on anyone whom she deems to have a disqualifying condition.

Clients Signature: _____

Date: _____

Printed Name: _____

Myrna May Jones' Georgia Board of Massage Therapy License No. MT008332