

Client Intake Form (Massage)

ID # _____

NAME _____ Today's Date _____
 Address _____ DOB _____ Male _____ Female _____
 City _____ State _____ Zip _____
 Phone: Home _____ Work _____ Mobile _____
 Occupation _____ Emergency Contact _____
 Referred by _____ Emergency Contact Phone _____
 Reason for therapeutic massage appointment: _____
 What are your expectations/hopes for this session or massage? _____

If you have a condition, when and how did it develop?

Have you had surgery, major accident, or serious injuries in the past few years? YES _____ NO _____
 If Yes Explain? _____

Are you pregnant or trying to become pregnant? YES _____ NO _____

Have you been ill recently? YES _____ NO _____

Do you currently have or have you had in the past, any of the following conditions: (This information is strictly confidential and may be very important to your therapy.)

- | | | | |
|--------------------|---------------------------|------------------------|----------------------------|
| _____ Allergies | _____ Tinnitus | _____ PMS | _____ Scoliosis |
| _____ Arthritis | _____ Ulcers | _____ Menstrual Pain | _____ Athlete's Foot |
| _____ Bursitis | _____ Fatigue | _____ Broken Bones | _____ Varicose Veins |
| _____ Cancer | _____ Severe Depression | _____ Skin Problems | _____ Inflammation |
| _____ Diabetes | _____ Blood Clots | _____ Stomach Problems | _____ Numbness |
| _____ Edema | _____ Varicose Veins | _____ Abdominal Hernia | _____ AIDS |
| _____ Diarrhea | _____ Heart Conditions | _____ Herniated Disc | _____ Respiratory Problems |
| _____ Constipation | _____ Low Blood Pressure | _____ Neck Pain | _____ Contact Lenses |
| _____ Sinusitis | _____ High Blood Pressure | _____ Back Pain | _____ TMJ Syndrome |
| _____ Headaches | _____ Shortness of Breath | _____ Chest Pain | _____ Hearing Aid |
| _____ Dizziness | _____ Poor Posture | _____ Sciatica | |

Please list any medication you are currently taking:

Previous massage/bodywork experience: Never _____ Occasionally _____ Often _____ Types _____

I understand that; massage therapy involves neither diagnosis or treatment of any condition, and is not a substitute for medical care; this session will consist of **ONLY** Swedish Massage Techniques (no deep or sports techniques will be used); draping will be used at **ALL** times; neither my breasts (female) nor genital areas will be massaged; I may itemize here any areas of my body which I wish to be **avoided**, and these will be avoided (itemized here if relevant: _____); if I am uncomfortable for any reason I may request the therapist to end the session, and the session will be ended.

The above information is true to the best of my knowledge. **All the information provided to the therapist is to be kept confidential.**

Note: All returned checks will be charged a \$ 35.00 processing fee. Please read our policies before you sign.

Client Signature: _____ **Therapist Signature:** _____

If you would like to receive special pricing offers on our Massage by email, please provide your email address and your name below:

E-mail Address

Print Name

