Massage Client Intake Form

Name: _____ Date of Birth: ____/____/_____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Referred by: _____

Cell Phone: _____ Home Phone: _____

Preferred appointment confirmation method: (please check one)
□ Text Message □ Email □ Phone Call # _____

Occupation: _____

Emergency Contact: _____ Phone #_____

Health History: Have you experienced massage therapy before? _____

Allergies: _____

Injuries/Surgeries: _____

Chronic Pain: (muscle, nerve, joint) _____

Pain, Numbness, Tingling: _____

Current Medications/Supplements: _____

Are you currently pregnant? _____ Due Date: _____ (please fill out prenatal release form)

Do you currently have any of the following conditions? (check all that apply)

□ Headaches	□ Fibromyalgia	□ Low Blood Pressure	□ TMJ/Jaw Pain
□ Migraines	□ Arthritis	□ High Blood Pressure	□ Varicose Veins
□ Cancer	□ Bursitis	□ Heart Problems	□ Bruise Easily
□ Diabetes	□ Lupus	□ Blood Clots	□ Sciatica

Other: _____

What type of pressure do you prefer? □ Light □ Medium □ Deep

Are there any areas you are not comfortable having therapeutic massage on? _____

I, _____ have completed this health form to the best of my knowledge. I understand that massage therapy is given for the purposes of stress reduction, increased circulation and relief from muscular pain/tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure may be adjusted to my level of comfort. I understand that the massage therapist does not diagnose illness, disease or any other physical or mental conditions, nor does he/she prescribe medical treatment, pharmaceuticals or perform any spinal manipulation. It has been made clear to me that massage therapy is not a substitute for medical examination or medical care and that it is recommended that I am concurrently working with my health care provider for any condition I may have. If I am not able to make a scheduled appointment, I agree to cancel the appointment 12 hours in advance by text message or phone call, unless I have an emergency, in which case I will call to reschedule my appointment. If I miss a scheduled appointment without giving 12 hour notice, I agree to pay any missed appointment charge applicable. I have stated all my known physical conditions, medical conditions and medications and I will keep the massage therapist updated on any changes, understanding that there shall be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the appointment. With this, I give consent for treatment.

Client Signature _____ Date _____