

# Massage Client Intake Form

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (H) \_\_\_\_\_ Cell \_\_\_\_\_

Occupation \_\_\_\_\_ Email \_\_\_\_\_

In case of Emergency Please Notify \_\_\_\_\_

Primary Reason for Today's Visit \_\_\_\_\_

How do you know about me? \_\_\_\_\_

\* Have you ever received a massage before? Yes No. \* When was your last session? \_\_\_\_\_

\* Are you Pregnant? Yes No

\* Do you take any prescription medication? Yes No.

If yes, please describe \_\_\_\_\_

Do you have any medical issues including surgery/injuries that I should be aware of before giving you massage therapy? Please describe:

\_\_\_\_\_

**Contradictions (Please list)** \_\_\_\_\_

## Please circle all that apply:

- |                     |                         |
|---------------------|-------------------------|
| Allergies           | Skin Problems           |
| Arthritis           | Varicose Veins          |
| Cancer              | Heart Problems          |
| Blood Clots         | Blood pressure problems |
| Breast Augmentation | Dentures                |
| Headaches/Migraine  | Spinal Problems         |
| HIV                 | Infection               |
| Epilepsy            | High/Low Blood Pressure |

## Please Initial Agreeing to the following:

\_\_\_\_\_ I am responsible for any valuable items I bring into the massage studio with me.

\_\_\_\_\_ Draping will be used during all sessions.

\_\_\_\_\_ There will be NO breast massage performed on female clients.

\_\_\_\_\_ I understand that massage therapy given here is for the purpose of stress reduction, relief from muscular tension or spasm, or for increasing circulation and energy flow. I understand that the massage therapist does not diagnose illness, disease, or any other physical or mental disorder. Massage therapy is not a substitute for medical examinations and/or diagnosis and it is recommended that I see a physician for any physical ailment that I might have.

\_\_\_\_\_ Because a massage therapist must be aware of existing physical conditions, I have stated all my know medical conditions and take it upon myself to keep the massage therapist updated on my physical health.

\_\_\_\_\_ I am responsible for paying for any appointment cancellation of less than 24 hours.

**Client Signature** \_\_\_\_\_ **Date** \_\_\_\_\_