

## Client Intake Form For Massage Therapy

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone(\_\_\_\_) \_\_\_\_\_ Work Phone(\_\_\_\_) \_\_\_\_\_  
Cell Phone(\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Referred By \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

**Do you currently have or have had in the past the following conditions in any form, please check the appropriate box, please explain below.**

- |  |  |
|--|--|
| <input type="checkbox"/> Stress  | <input type="checkbox"/> Back Pain                                   |
| <input type="checkbox"/> Sensitivity or allergy to heat                                  | <input type="checkbox"/> Epilepsy or seizures                        |
| <input type="checkbox"/> Diabetes  | <input type="checkbox"/> Open wounds, lesions, rashes, or infections |
| <input type="checkbox"/> Headaches/migraines   | <input type="checkbox"/> Skin Problems/irritations                   |
| <input type="checkbox"/> Currently pregnant or lactating                                 | <input type="checkbox"/> Broken bones in the past 2 years            |
| <input type="checkbox"/> Arthritis   | <input type="checkbox"/> Have you recently had surgery               |
| <input type="checkbox"/> High blood pressure   | <input type="checkbox"/> Varicose veins                              |
| <input type="checkbox"/> Allergies   | <input type="checkbox"/> Cancer                                      |
| <input type="checkbox"/> Tension/soreness in a specific area. <b>If so, where?</b> _____ |  |
| <input type="checkbox"/> Numbness or stabbing pains anywhere. <b>If so, where?</b> _____ |  |
- Any additional information that I should be aware of?  
\_\_\_\_\_

Are you taking any medications that I should know about?  
\_\_\_\_\_

Is this your first massage experience? \_\_\_\_\_ If you answered no, when was your last massage? \_\_\_\_\_  
Please explain your reason for having a massage: \_\_\_\_\_

### **Please take a moment to read the following information:**

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this and future sessions, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and have answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand 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 in full of the scheduled appointment. I also understand that **if I cancel or do not show to any massage appointment without at least 24 hours notice, I am responsible for payment in full.** I will be charged \$70.00 (Cost of one-hour session) or \$40.00 (Cost of half hour session) and it will be due in full within three (3) days of missed appointment.

Name (printed) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_