



## Massage Intake Form

Client: \_\_\_\_\_

Address: \_\_\_\_\_

D.O.B. \_\_\_\_\_

Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_



What is your goal for this session?

\_\_\_\_\_

Who referred you? \_\_\_\_\_



Would you like for us to email you our monthly specials? Y or N Email: \_\_\_\_\_



Previous Illnesses/Broken Bones or Other Injuries:

\_\_\_\_\_

Are you currently under a physician's care? Y or N

If yes, what is the physician's name? \_\_\_\_\_

For what condition? \_\_\_\_\_

Are you taking any medication? \_\_\_\_\_



What types of exercise/stretching do you do and how often? \_\_\_\_\_

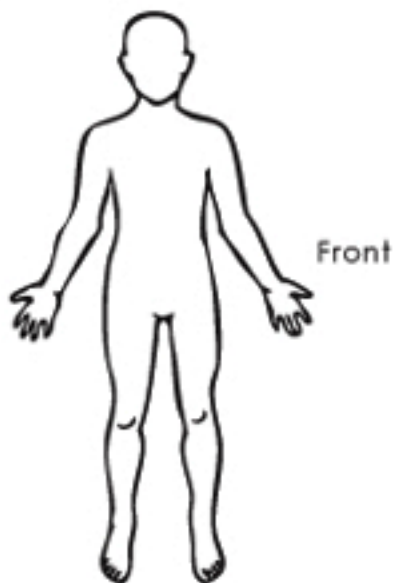


Female Clients: Are you pregnant? Y or N

If so, how many weeks and list any complications if any: \_\_\_\_\_

### Current Condition

Please mark areas of pain or discomfort:



Front



Back

I understand if I experience any pain or discomfort during my session(s) I will immediately inform the therapist so the pressure and/or strokes may be adjusted to my comfort. I further understand massage/bodywork should not be considered a substitute for medical examination, diagnosis, or treatment and I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment I am aware of. I understand massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, or prescribe, nor treat physical or medical illness and nothing said in the course of this session(s) given should be construed as such because massage/bodywork should not be done under certain medical conditions. I affirm I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile, and I understand there shall be no liability on the practitioner's part should I forget to do so. It is also understood 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 for the "Full" scheduled appointment. I consent to massage/bodywork therapy.

Client Signature: \_\_\_\_\_

Please give 24-hour notice if you cannot make your appointment