

Client Intake Form
30 minute Relaxation Back Massage

Name: _____ Date: _____

Address: _____
Street City State Zip Code

Phone Number: _____ Email: _____
Home/Mobile/Work (circle type)

Would you like to subscribe to The Tranquil Butterfly Newsletter/Updates: YES No

Emergency Contact Name: _____ Phone # _____

Emergency Contact Relationship: _____

Have you had a professional massage before? YES (Date of last treatment) _____ NO

Health Information

How would you rate your general health? Circle one
Excellent Good Fair Poor

Are you pregnant or trying to become pregnant? YES NO

Please list all medications and supplements you are currently taking:

Recent Radiation or Chemotherapy: YES NO

List any major accidents, surgeries, or injuries which occurred in the area(s) we will be working on today:

Please tell us about any allergies or hypersensitivities:

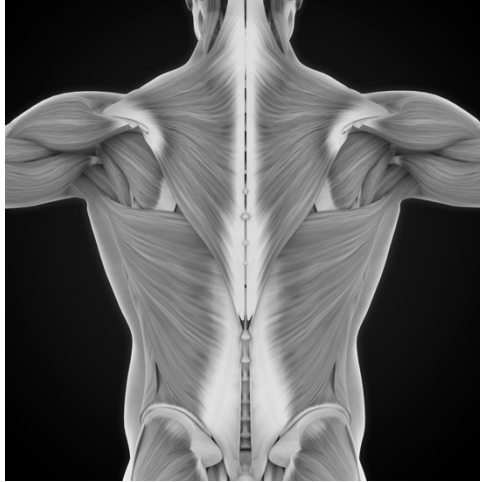
Is there anything else you believe we should be aware of regarding your health? Please specify:

Lifestyle Information

How many ounces of water do you consume daily: _____ oz.

Do you exercise? YES NO How often? _____ Type of Exercise: _____

Please place an X on all areas of tension, soreness, or concern:



Client Consent

It is my choice to receive massage therapy. I am aware of the benefits and risks of massage and give my consent for massage. I acknowledge that massage therapy is not a substitute for medical care, medical examination or diagnosis. I have stated all medical conditions that I am aware of and will inform my practitioner of any changes in my health status.

I understand that my personal health information will be collected. I understand that all information that I provide will be kept confidential unless required by law.

Signature:

Client Signature: _____ **Date:** _____

Massage Therapist Notes: