SEAZENS MASSAGE

FOR MIND, BODY AND SPIRIT

New Client Intake Form

Personal:

Name:_____Birthday:_____

Address:_____City/Zip:_____

Email:_____ Phone:_____

List any accidents or surgeries that may have contributed to your pain & the date:

_____

_____

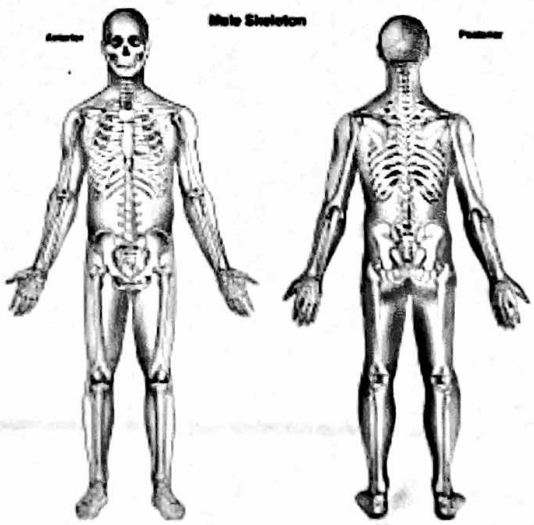
Have you seen a massage therapist before? YES/NO When was your last massage?_____

Do You Feel It Helped? YES/NO Do you have a preference in therapist's? YES/NO_____

Did Someone Refer You? YES/NO If so, who do we have the pleasure to thank?: _____

Emergency Contact: Name:_____Relationship: _____Phone:_____

Body: In this section, you are disclosing information that has brought you to see a massage therapist. How is your body feeling ***TODAY***?



Are you feeling any pain today? YES/NO

Are you experiencing any numbness, burning, or tingling today? YES/NO

Are you experiencing any tightness or muscle fatigue? YES/NO

How often do you work out?_____

- **Circle O the area where you are experiencing pain**
- **If the pain radiates down, up, or across any other region, indicate so with arrows ↔↑↓**

Signature:_____ Date: _____