Massage Therapy

CLIENT INTAKE FORM

Name _____ Date _____

Address _____

Phone _____ Date of Birth _____ Sex _____

Email _____ Occupation _____

**Please answer the questions below.

How did you hear about us? _____

Have you received massage therapy or bodywork before? ☐ Yes ☐ No

Are you on any medication? ☐ Yes ☐ No If yes, which ones _____

Do you exercise? ☐ Yes ☐ No If yes, how many times per week ? _____ How many hours? _____

What exercise / activities do you partkae in? _____

**Please mark any of the following conditions you may currently have.

- ☐ Cancer
- ☐ Headaches / Migraines
- ☐ Fibromyalgia
- ☐ Arthritis
- ☐ Kidney Dysfunction
- ☐ Stroke
- ☐ Diabetes
- ☐ Recent Cold / Flu
- ☐ Sprain or Strain
- ☐ Alcohol within 24hrs
- ☐ Numbness
- ☐ Heart Attack
- ☐ Phlebitis
- ☐ Bruises
- ☐ High Blood Pressure
- ☐ Varicose veins
- ☐ Acute pain
- ☐ Chronic Pain
- ☐ Recent surgery
- ☐ Open wounds
- ☐ Osteoporosis
- ☐ Neuropathy
- ☐ Blood clot
- ☐ Fever within 24hrs
- ☐ Wear contacts
- ☐ Others, please specify: _____

Are you currently pregnant? ☐ Yes ☐ No If yes, how far along? _____

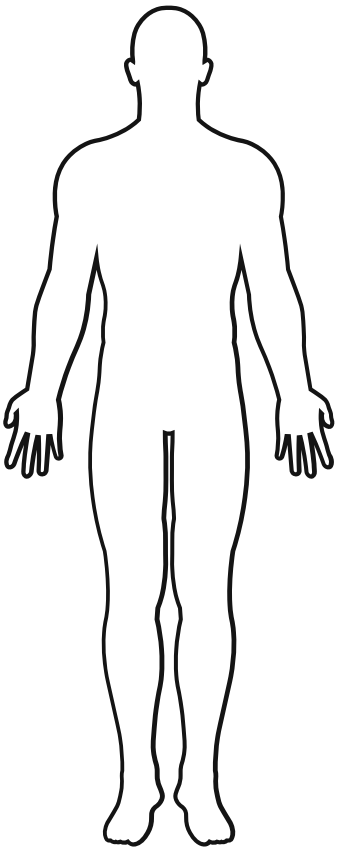
Any high risk factors? _____

Do you have any allergies or sensitivities? ☐ Yes ☐ No If yes, please explain: _____

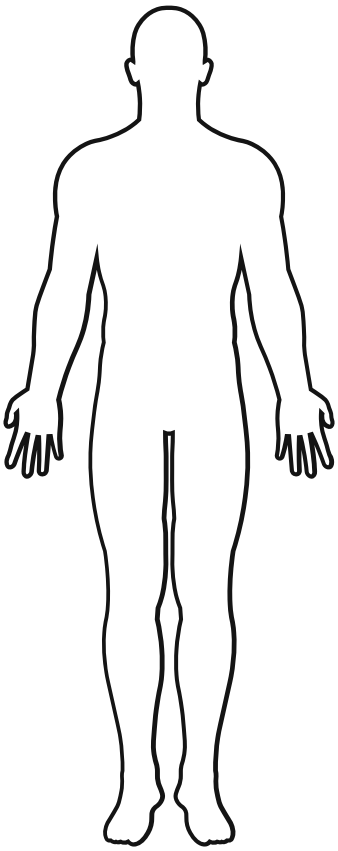
Turn Over -->

Please circle areas of discomfort:

FRONT



BACK



What areas would you like to focus on today?

_____

_____

_____

_____

_____

_____

_____

What type of massage are you seeking today?

- Swedish / Relaxation
- Therapeutic / Deep Tissue

What pressure do you prefer?

- Light
- Medium
- Deep

Are there any areas you would NOT like massaged? (i.e. face, scalp, feet, etc.) Yes No

If yes, please explain: _____

What are your goals for this treatment session? _____

_____

_____

_____

_____

I agree that the above information is accurate and to the best of my knowledge and give permission to be massaged today. I agree to inform the therapist if I experience any pain or discomfort during the session. I understand that massage therapy is for the purpose of stress reduction, relief from muscular tension or spasm, or for increasing circulation. I understand that the massage therapist does not diagnose illness, disease or any other physical or mental disorder. The massage therapist does not prescribe medical treatment nor perform spinal manipulations. I will inform the therapist of my current condition at the time of each visit.

Signature _____ Date _____