

Massage Intake Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_

Phone \_\_\_\_\_ Referred by \_\_\_\_\_

Would you be interested in getting massages on a regular basis? \_\_\_\_\_

If so how often? (circle) **Weekly**    Every other week    **Monthly**

Would you like to refer 3 friends and get Half Hr Massage Session Free? \_\_\_\_\_

Are you pregnant? \_\_\_\_\_

Reason for appointment today/Main Concern areas? \_\_\_\_\_

Do you have a nut or shellfish allergy? \_\_\_\_\_ If so what are you allergic to? \_\_\_\_\_

Any past surgeries, accidents or injuries I should be aware of? \_\_\_\_\_

**Please Read The Following Statement Carefully, And then Sign Below.**

I fully understand that massage therapy is not a substitute for medical examinations and/or diagnosis and that it is recommended that I see a physician for any physical ailment I may have. Since a massage therapist must be made aware of any existing physical conditions, I have stated all known medical conditions and take it upon myself to keep the therapist updated on my physical health. I understand that payment is due at the time of treatment. I understand that any remarks or actions of a sexual or personal nature will result in immediate terminations of session and that no future appointments will be allowed. I have carefully read and understand all of the above and I have answered all questions fully and accurately.

Cancellation Policy - 24 hour minimum cancellation notice required or there is a \$30 no show fee

Prepaid or gift certificate sessions are considered used. For Discounted sessions - discounted session prices will be forfeited for further sessions.

Sign \_\_\_\_\_ Date \_\_\_\_\_

Follow up sessions

Date \_\_\_\_\_ Main concern area/s \_\_\_\_\_

Date \_\_\_\_\_ Main concern area/s \_\_\_\_\_