MASSAGE INTAKE FORM

Disclaimer: Thank you for your interest in being a client of . Information collected about new clients is confidential and will be treated accordingly.

CLIENT INFORMATION

Name: _____ **Email**: _____

Street Address: _____

City: _____ **State**: _____ **Zip Code**: _____

Phone (cell/day): _____ **DOB**: _____ **Age**: _____

Emergency Contact: _____ **Phone**: _____

Occupation: _____ **Referred by:** _____

HEALTH INFORMATION

Are you taking any medications? ☐ Yes ☐ No
If yes, please list: _____

Any allergies? (oils, lotions, nuts, fruits, skin, etc.) ☐ Yes ☐ No
If yes, please list: _____

Are you pregnant? ☐ Yes ☐ No
If yes, how many months: _____ Due date: _____

Are you currently under medical supervision or other medical interventions? ☐ Yes ☐ No If yes, please describe: _____

Areas of broken skin? (e.g., rash, wounds) ☐ Yes ☐ No
If yes, where? _____

History of joint replacement surgery? ☐ Yes ☐ No
If yes, which joint(s)? _____

Do you have any of the following? (check all that apply)

☐ Areas of swelling ☐ Autoimmune disorder ☐ Back / neck problems ☐ Bleeding disorders ☐ Blood clots ☐ Bruise easily ☐ Bursitis ☐ Cancer ☐ Contagious condition ☐ Decreased sensation ☐ Diabetes ☐ Fibromyalgia ☐ Headaches ☐ Heart condition ☐ Hypertension ☐ Kidney disease ☐ Multiple sclerosis ☐ Neurological condition ☐ Neuropathy ☐ Osteoarthritis ☐ Osteoporosis ☐ Phlebitis ☐ Sciatica ☐ Seizures ☐ Stroke ☐ Tendinitis ☐ TMJ disorder ☐ Varicose veins ☐ Vertigo / dizziness _____

Recent injuries or medical procedures in the past 2 years? ☐ Yes ☐ No If yes, please describe: _____

Please describe any other injuries or health conditions:

MASSAGE INFORMATION

Have you had a professional massage before? ☐ Yes ☐ No
How recently? _____

Reason for seeking massage: ☐ Relaxation ☐ Specific problem

How much pressure do you prefer? ☐ Light ☐ Medium ☐ Firm

Please list and describe any areas of discomfort:

ACKNOWLEDGMENT & RELEASE

By signing below, I acknowledge that I am aware of the benefits and risks of massage therapy and that I have completed this form to the best of my knowledge. I also agree to inform my massage therapist of any health or medical changes.

CLIENT SIGNATURE

Signature: _____Date: _____

Print Name: _____