Ensō Massage Therapy – Client Intake Form

Client Information

Name _____ Email _____

Phone (cell/day) _____ DOB _____ Age _____

Address _____

Emergency Contact Name _____ Phone _____

Occupation _____ Referred by _____

Health Information

Are you taking any medications? ☐yes ☐no If **yes**, please list: _____

Any allergies (oils, lotions, nuts, fruits, skin)? ☐yes ☐no If **yes**, please list: _____

Are you pregnant? ☐yes ☐no If **yes**, please list how many months: _____

If **yes**, please describe: _____

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

Areas of broken skin (rash or wounds)? ☐yes ☐no If **yes**, where? _____

History of joint replacement surgery? ☐yes ☐no If **yes**, which joint(s)? _____

Recent injuries or medical procedures in the past 2 years? ☐yes ☐no If **yes**, please describe:

_____

Massage Information

Have you had professional massage before? ☐yes ☐no

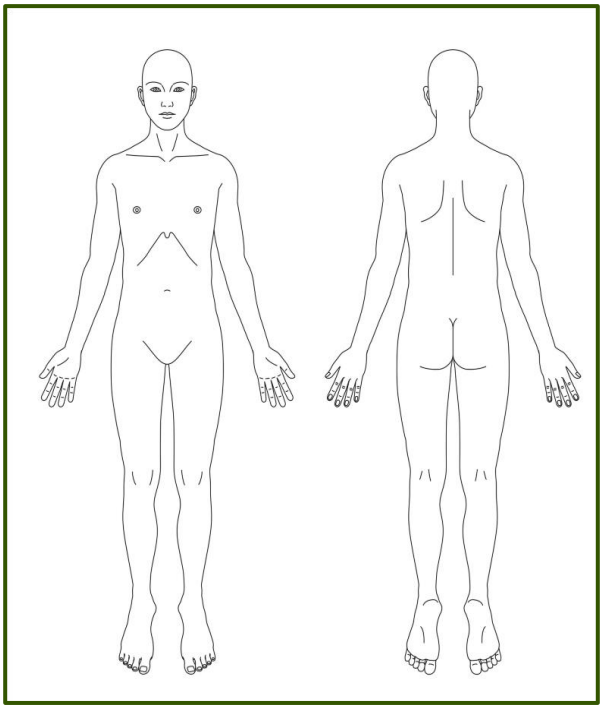
Reason for seeking massage: ☐relaxation ☐specific problem

How much pressure do you prefer? ☐light ☒medium ☐firm

By signing below, I acknowledge that I have provided accurate and complete health information to the best of my knowledge. I understand that massage therapy is not a substitute for medical care and is not intended to diagnose, treat, or cure any medical condition. I acknowledge that while massage therapy offers potential benefits, there may be risks, including but not limited to temporary discomfort, soreness, or an unexpected reaction.

I understand that it is my responsibility to communicate any health concerns, medical conditions, injuries, or changes in my health to my massage therapist before each session. I release Ensō Massage Therapy and the massage therapist from any liability related to complications arising from undisclosed medical conditions or changes in my health status. By signing below, I voluntarily consent to receive massage therapy and agree to these terms.

Please indicate any areas of discomfort



Client Signature _____ **Date** _____