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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **MASSAGE INTAKE FORM**  Add a heading (512 x 512 px) | | | | | | | | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **PERSONAL INFORMATION** | | | | | | | | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Your Name: | | |  | | | | | | |  | Gender: | |  | |  | Age: | |  | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Phone: | |  | | | | | |  | Email: | |  | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Address: | | |  | | | | | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **MASSAGE SERVICE DETAILS** | | | | | | | | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Have you had a professional massage before? | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | YES | |  | NO | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Massage service you are here for: | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | RELAXING | | |  | THERAPEUTIC | | | |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | OTHER | |  | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Type of pressure that you prefer: | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | LIGHT | |  | MEDIUM | |  | DEEP | |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Which type of masseur do you prefer? | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | MALE | |  | FEMALE | |  |  |  | PLEASE MARK ANY AREAS OF DISCOMFORT | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **IMPORTANT HEALTH INFORMATION** | | | | | | | | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Do you have high blood pressure? | | | | | | | | | | Do you have Cardiac/Circulatory problems? | | | | | | | | | |  |
|  |  | YES | |  | NO | |  |  |  |  |  | YES | |  | NO | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Do you suffer from Arthritis? | | | | | | | | | | Do you have Osteoporosis? | | | | | | | | | |  |
|  |  | YES | |  | NO | |  |  |  |  |  | YES | |  | NO | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Do You suffer from Epilepsy/Seizures? | | | | | | | | | | Do you have frequent Headaches or Migraines? | | | | | | | | | |  |
|  |  | YES | |  | NO | |  |  |  |  |  | YES | |  | NO | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Are you taking any medication? (Please list if yes) | | | | | | | | | |  | | | | | | | | | |  |
|  |  | YES | |  | NO | |  | Medication Listing: | | | |  | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Do you have any other important medical condition? | | | | | | | | | |  | | | | | | | | | |  |
|  |  | YES | |  | NO | |  | Condition Explained: | | | |  | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW** | | | | | | | | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | I acknowledge the benefits and risks of massage therapy provided by Natural Therapies with Soo.  I am aware that I am receiving services at my own risk. I understand that my health and safety regarding the massage services are my sole responsibility, and I have consulted my medical provider about any concerns and have received clearance. I confirm that I have provided accurate health information and understand the potential risks associated with massage therapy.  I confirm that I have read Soo Williams Massage terms and conditions, available as a printout and on the website. | | | | | | | | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Date: | |  | | | | |  | Signature: | | |  | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **[©](https://templatelab.com/) Soo Williams, 2 Orpheus Close, Mt Sheridan, QLD 4868. Mobile: 0434908635, Email: [support@soowilliams.com,](mailto:support@soowilliams.com,) Website: <https://soowilliams.com>** | | | | | | | | | | | | | | | | | | | |  |