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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, Website: <https://soowilliams.com>**              |   |