

# MASSAGE INTAKE FORM



## 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:

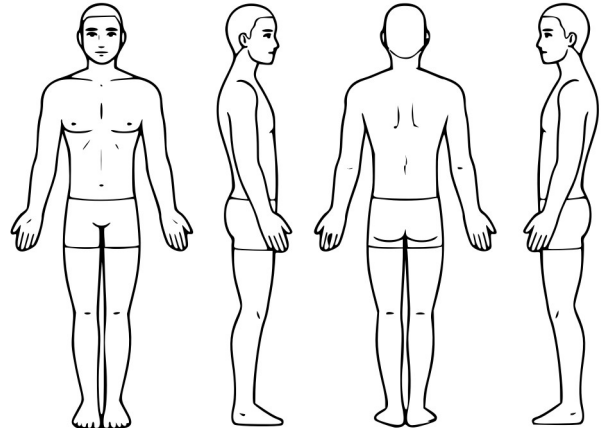
- RELAXING  THERAPEUTIC  
 OTHER

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?

- YES  NO

Do you have Cardiac/Circulatory problems?

- YES  NO

Do you suffer from Arthritis?

- YES  NO

Do you have Osteoporosis?

- YES  NO

Do you suffer from Epilepsy/Seizures?

- YES  NO

Do you have frequent Headaches or Migraines?

- 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: