



MASSAGE THERAPY CLIENT INTAKE FORM

BASIC INFORMATION

Name _____
 DOB _____ Phone _____
 Email _____
 Address _____
 Occupation _____
 Emergency contact Name & Phone _____

 How did you hear about Divine Harmony?

 Have you ever received a professional
 massage? Y/N How recently? _____

CURRENT HEALTH

How do you feel today? _____
 List & Prioritize your current concerns:
 1. _____
 2. _____
 3. _____
 What are your goals for receiving massage
 today? (ie: Relaxation, Pain relief, combo?)

 Preferred modalities? _____
 Areas to avoid? (ie: glutes, feet, face, abdomen)

 What type of Pressure do you prefer? light,
 medium, firm, very firm

DAILY ACTIVITIES

Work _____
 Home/Family _____
 Social/Recreational _____
 Exercise _____
 How do you relieve stress? _____

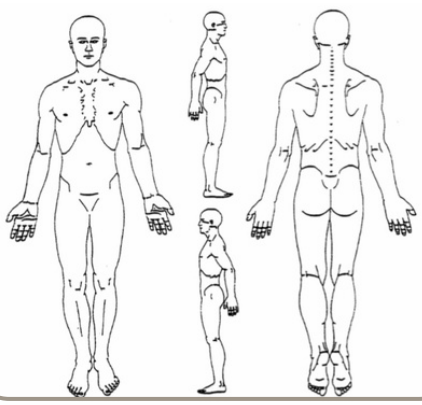
MEDICAL

List any medications & nutritional supplements you are
 taking _____

 I give my massage therapist permission to consult with
 my primary health care provider regarding my health
 and treatment as needed. Name/Phone:

BODY MAP

Circle areas of Discomfort



CONDITIONS DETAIL

Musculo-Skeletal _____ Mental/Emotional _____
 _____ Pregnant? weeks _____
 Circulatory _____ Cancer _____
 Respiratory _____ Surgeries _____
 Skin _____ Allergies? _____
 Neurological _____ Other/detail _____
 Digestive _____
 Endocrine _____
 Immune _____

CONSENT TO TREATMENT

If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment. Understanding all of this, I give my consent to receive care.

Client Signature _____ Date _____

Practitioner Signature _____ Date _____