

Massage Intake Form – Confidential Client Information

Name _____ DOB _____ Male Female
Address _____ City _____ State _____ Zip _____
Home/Cell Phone _____ Email _____
Work Phone _____ Occupation _____
Emergency Contact _____ Phone _____
Referred by _____ Email/Phone _____
Primary Physician(s) _____
Are you currently or have you in the last 12 months received treatment from a healthcare professional? Yes No
If yes, please list reason/treatment _____

Please take a moment to carefully read and complete the following information and sign below where indicated. If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided.

Have you received bodywork or massage therapy before? Yes No
If yes, then what type? _____

Are you pregnant or trying to get pregnant? Yes No

Are you sensitive to touch or pressure in any area? Yes No

Are you currently taking any medications (vitamins, herbs or pharmaceuticals)? Yes No

Do you have varicose veins, circulations issues or high blood pressure? Yes No

Do you have any contagious diseases or skin conditions? Yes No

Have you had any recent injuries or surgeries? Yes No

Do you have any allergies or sensitivities (especially to any oils, herbs or nuts)? Yes No

Are you physically active? Yes No What type of exercise do you participate and how frequently?

If any of the above needs to be further detailed or if you have anything else to share, please explain here:

What are your goals/expectations for this therapy session?

I understand that the massage/bodywork I receive is provided for the basic purpose of relief of muscle tension, stress management, relaxation, improved range of motion, and/or increased circulation and is intended to be a positive experience. It is my choice to receive massage therapy and I give consent to receive treatment. If I experience any pain or discomfort during the session I will immediately inform the practitioner so that the technique may be adjusted to my level of comfort. Additionally I understand that massage/bodywork IS NOT as a substitute for medical examination, diagnosis or treatment and that I should see a qualified medical specialist for any mental or physical ailment of which I am aware. Because massage/body work 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 that there shall be no liability on the part of the practitioner for any problems that may arise as a result of my massage session or if I should neglect to keep the practitioner informed of any changes in my physical/mental health. Any information exchanged during a session is confidential and is only used to provide the best therapeutic treatment. I 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. Unless in emergency or inclement weather, I acknowledge that if I am unable to keep a scheduled appointment, 24 hours notice is required or I may be charged for the time. All appointments will end at the originally scheduled time so the client following me is not penalized.

Client signature _____ Date _____