



## Client Intake Form

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact (name/phone) \_\_\_\_\_

Did anyone refer you? If yes, print their name \_\_\_\_\_

**The following information will be used to help plan a safe and effective message session. Please answer all questions to the best of your knowledge.**

Date \_\_\_\_\_ (Example: 0601 for June 1st) New Client      Update

1. Have you had a massage before? Yes      No  
If yes, how often do you receive massage therapy? \_\_\_\_\_

2. Do you have any difficulty lying on your front, back, or side? Yes      No  
If yes, please explain \_\_\_\_\_

3. Do you have any allergies to oils, lotions, or ointments? Yes      No  
If yes, please explain \_\_\_\_\_

4. Do you have sensitive skin? Yes      No  
If yes, please explain \_\_\_\_\_

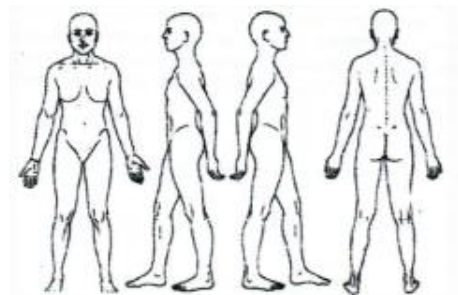
5. Do you perform repetitive movements in your work, sports, hobby? Yes      No  
If yes, please explain \_\_\_\_\_

6. Do you experience stress in work, family, or other aspects of your life? Yes      No  
Muscle tension ( ) Anxiety ( ) Insomnia ( ) Irritability ( ) Other \_\_\_\_\_  
If yes, please explain \_\_\_\_\_

7. Do you have a goal in mind for this massage session? Yes      No  
If yes, please explain \_\_\_\_\_

8. Are there any areas of the body where you are experiencing tension, stiffness, pain, or other discomfort? Yes      No  
If yes, please explain \_\_\_\_\_

Please circle any specific areas on the picture to the right.  
(This section can be filled out at your scheduled appointment)





9. Are you currently under medical supervision? Yes No

If yes, please explain \_\_\_\_\_

10. Are you currently taking any medication? Yes No

If yes, please explain \_\_\_\_\_

11. Please check any conditions listed below that apply to you:

- |   |   |
|---|---|
| <input type="checkbox"/> Allergies / sensitivity            | <input type="checkbox"/> High / Low blood pressure                          |
| <input type="checkbox"/> Artificial joints                  | <input type="checkbox"/> Joint disorder / Rheumatoid arthritis / tendonitis |
| <input type="checkbox"/> Back/neck problems                 | <input type="checkbox"/> MS   |
| <input type="checkbox"/> Cancer                             | <input type="checkbox"/> Open sores or wounds                               |
| <input type="checkbox"/> Carpal tunnel syndrome             | <input type="checkbox"/> Osteoporosis                                       |
| <input type="checkbox"/> Contagious Skin condition          | <input type="checkbox"/> Phlebitis  |
| <input type="checkbox"/> Current fever                      | <input type="checkbox"/> Recent accident or injury                          |
| <input type="checkbox"/> Deep vein thrombosis / blood clots | <input type="checkbox"/> Recent fracture                                    |
| <input type="checkbox"/> Diabetes                           | <input type="checkbox"/> Recent surgery                                     |
| <input type="checkbox"/> Easily bruise                      | <input type="checkbox"/> Sciatica   |
| <input type="checkbox"/> Fibromyalgia                       | <input type="checkbox"/> Swollen glands                                     |
| <input type="checkbox"/> Headaches / Migraines              | <input type="checkbox"/> TMJ  |
| <input type="checkbox"/> Heart condition                    | <input type="checkbox"/> Varicose veins                                     |

Please explain any condition that you have marked above \_\_\_\_\_

12. FEMALE GUEST – Are you pregnant? Yes No

If yes, how many weeks? Do you have any complications? \_\_\_\_\_

13. Is there else about your health history that you think would be useful for your massage practitioner to know in order to plan a safe and effective massage session for you?

\_\_\_\_\_

I, \_\_\_\_\_ (print name) understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_