Client Intake Form

Details that you have already submitted online or would rather not disclose may remain blank.

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Emails are kept private. Your email will only be added to our email list so you can receive confirmations and reminders.

Best Number: _____ (circle one) Mobile / Home / Work / Other

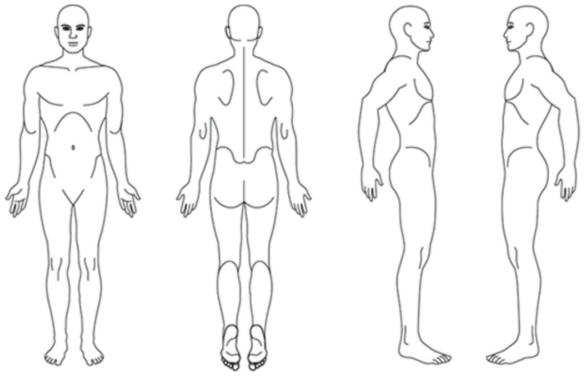
Emergency Contact: _____ Phone: _____ Relationship: _____

How did you hear about me? _____

Y / N Have you had a professional massage before? If so, when was your last one? _____
Y / N Are you pregnant? If so, please indicate how many weeks: _____
Y / N Are you currently taking medication which effects could be altered with massage? (muscle relaxers, narcotic pain relievers, diuretics, beta blockers)
If so, please list medications: _____
Y / N Do you have any allergies? (some oils used contain allergens like almond or sesame oil)
If so, please list allergens: _____
Y / N Do you bruise easily?
Y / N Do you suffer from Epilepsy or seizures?
Y / N Do you have cardiac or circulatory problems?
Y / N Do you experience Sciatica, numbness, tingling or disc issues?
Y / N Do you experience dizziness, loss of balance or fainting spells?
Y / N Are you currently under a physician's care for chemotherapy treatment?

Please write anything else you would like me to know: _____
_____

Please indicate with an (X) any areas of the body that you would like focus on for your first session:



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 therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage therapists 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 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 therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so.

Client Signature: _____ Date: _____

Therapist Signature: _____ Date: _____