

Massage Intake Form



Personal Information

Name _____ Phone (day) _____ (evening) _____
Address _____ City/State/Zip _____ DOB _____
Occupation _____ Employer _____
Email _____ Primary Physician _____
Emergency Contact _____ Relationship _____ Phone _____
How did you hear about us? _____ Subscribe to Monthly Wellness Newsletter

Medical Information

Are you taking any medications? yes no
If yes, please list: _____

Are you currently pregnant? yes no
If yes, how far along? _____
Any high risk factors? _____
Do you suffer from chronic pain? yes no
If yes, please explain _____
What makes it better? _____

What makes it worse? _____

Have you had any orthopedic injuries? yes no
If yes, please list: _____

Please indicate any of the following that apply to you.

- | | |
|--|---|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Fibromyalgia |
| <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Heart Attack |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney Dysfunction |
| <input type="checkbox"/> Joint Replacement(s) | <input type="checkbox"/> Blood Clots |
| <input type="checkbox"/> High/Low Blood Pressure | <input type="checkbox"/> Numbness/Tingling |
| <input type="checkbox"/> Neuropathy | <input type="checkbox"/> Sprains or Strains |

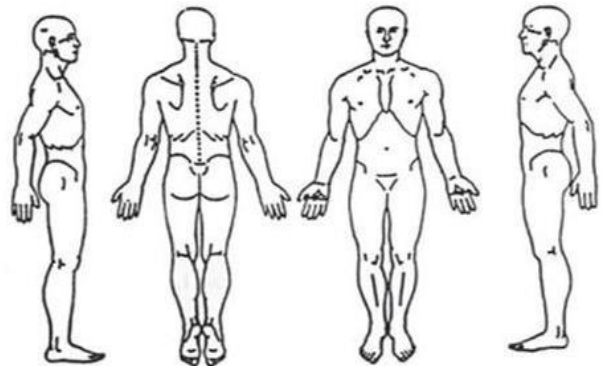
Explain any conditions you have marked, and any not listed:

Massage Information

Have you had a professional massage before? yes no
What is your reason for seeking massage? _____

What pressure do you prefer? Light Medium Deep
Do you have any allergies or sensitivities? yes no
Please explain _____
Are there any areas (feet, face, abdomen, etc.) you do not want massaged? yes no
Please explain _____
What are your goals for this treatment session?

Please circle any areas of discomfort



I understand that the massage/bodywork I receive is for the purposes of relaxation and relief of muscular tension, and is not considered a substitute for medical examination, diagnosis or treatment, and that nothing said during the course of treatment should be construed as such. Because massage should not be performed under certain medical conditions, I have stated all my known medical conditions, and will notify my therapist any time my condition changes.

Client Signature _____ Date _____