

Massage Therapy Client Intake Form

Name:	Date of Birth:
Address:	City/State/Zip:
Phone:	eMail:
Occupation:	Referred By:
Emergency Contact:	Emer. Contact #:

Have you ever experienced a professional massage or bodywork session? _____ Yes _____ No

Are you currently taking any medications and/or supplements? _____ Yes _____ No

Have you had any accidents, injuries, and/or surgeries? _____ Yes _____ No

Primary area of complaint:

Other Concerns:

MUSCULO-SKELETAL

- Arthritis/Joint Disorders
- Tendonitis
- Bursitis
- Broken/Fractured Bones
- Sprains/Strains
- Low Back, Hip, Leg Pain
- Neck, Shoulder, Arm Pain
- Spasms, Cramps
- Jaw Pain/TMJ
- Osteoporosis
- Other _____

RESPIRATORY

- Breathing Difficulty
- Sinus Condition
- Asthma
- Current Cold
- Other _____

REPRODUCTIVE

- Pregnant
- PMS
- Other _____

SKIN

- Eczema/Psoriasis
- Allergies
- Rashes
- Athlete's Foot
- Warts
- Other _____

CIRCULATORY

- Heart Condition
- Varicose Veins
- Blood Clots
- High/Low Blood Pressure
- Edema/Swelling
- Stroke
- Other _____

NERVOUS

- Herpes/Shingles
- Numbness/Tingling
- Fatigue/Sleep Disorder
- Seizure Disorder
- Other _____

OTHER

- Headaches
- Cancer/Tumors
- Diabetes
- Depression
- Implants
- Contagious Disease/COVID
- Other _____



PLEASE READ AND SIGN:

Massage Therapy is provided for the basic purpose of relaxation, stress reduction and relief of muscular tension. Massage Therapy services are designed to be a health aid and in no way are meant to take the place of a physician's care. Information exchanged during a massage therapy session is educational in nature and is intended to help the client become more familiar and conscious of his/her own health status and is to be used at his/her own discretion.

Because massage therapy should not be performed under certain medical conditions, I (the client) affirm that I have stated all my known medical conditions and answered all questions honestly, and I understand that it is my responsibility to keep the massage therapist updated as to any changes in my medical profile.

I (the client) also understand that any illicit or sexually suggestive remarks or advances made by me toward the massage therapist will result in immediate termination of the session.

LATE POLICY:

A phone call or text is appreciated should you find yourself running late. Please note that your arrival time will determine the length of the session, which will end as scheduled so as not to inconvenience the next client.

CANCELLATION POLICY:

All of our time is valuable and there may be clients on a wait list, therefore if you must reschedule your appointment, please give a minimum of 24 hour notice, to allow ample time to fill your time slot.

PAYMENT OPTIONS:

Payment is due when services are rendered, unless other arrangements have been made prior to the appointment, and are payable via cash, check, or credit card.

Signature:	Date:
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