

Therapeutic Massage – Client Intake Form

Personal Information

Name _____ Phone (day) _____ (evening) _____
 Address _____ City, State, Zip _____
 Email (optional) _____ Date of Birth _____ Occupation _____
 Emergency Contact _____ Phone _____
 Physician _____ Phone _____

Massage Information

How did you hear about us? _____

Have you ever had a professional massage before? ☐ yes ☐ no

If yes, how often to you receive massage therapy? _____

If yes, do you have a style or pressure preference? ☐ yes ☐ no

Specify : ☐ light pressure ☐ medium pressure ☐ deep pressure
☐ trigger point therapy ☐ energywork
☐ Other _____

What Type of massage are you seeking today?

☐ Relaxation ☐ Deep Tissue/Therapeutic ☐ Pregnancy
☐ Senior ☐ Integrated Bodywork (functional)
☐ Other _____

Are you sensitive to fragrances or perfumes? ☐ yes ☐ no

Do you have sensitive skin? ☐ yes ☐ no

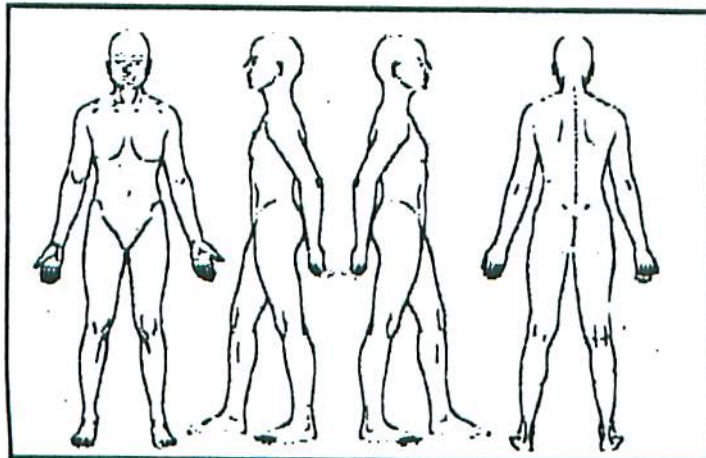
Do you wear contact lenses? ☐ yes ☐ no

Do you exercise regularly? ☐ yes ☐ no

If so, what type(s)? _____

What are your common areas of pain or tension?

Circle any specific areas you would like the massage therapist to concentrate on during the session:



Medical History

Do you suffer from chronic or persistent pain/discomfort?

If so, for how long? _____

Do you know what caused it or when then symptoms seem to get worse or better? _____

Do you see a chiropractor? ☐ yes ☐ no

If so, how often? _____

Are you currently under medical care? ☐ yes ☐ no

Are you currently taking any prescription medication? If so, for what? _____

Please indicate any conditions that you have had or currently have:

- | | |
|---|---|
| <input type="checkbox"/> headaches, migraines | <input type="checkbox"/> varicose veins |
| <input type="checkbox"/> allergies, sensitivity | <input type="checkbox"/> pregnancy |
| <input type="checkbox"/> arthritis, tendonitis | <input type="checkbox"/> blood clots |
| <input type="checkbox"/> cancer, tumors | <input type="checkbox"/> neck / back injuries |
| <input type="checkbox"/> TMJ problems | <input type="checkbox"/> diabetes |
| <input type="checkbox"/> abnormal skin condition | <input type="checkbox"/> paralysis |
| <input type="checkbox"/> heart/circulation problems | <input type="checkbox"/> fibromyalgia |
| <input type="checkbox"/> joint replacement / surgery | <input type="checkbox"/> numbness |
| <input type="checkbox"/> high / low blood pressure | <input type="checkbox"/> sprains, strains |
| <input type="checkbox"/> major accident | <input type="checkbox"/> recent injuries |
| <input type="checkbox"/> lack of or reduced feeling / sensation | _____ |

Explain any conditions that you have marked above:

Policies and Procedures

Please read and initial each statement(s). These policies and procedures are intended to help ensure quality care, safety of the client and therapist, and the good name of this business. Thank you for your cooperation and understanding

____I. A 24 hour cancellation notice is required to make the slot available for another client if needed. If a 24 hour notice is not given, the credit card number on file may be charged the full amount.

____II. Clients are to arrive 15 minutes early in order to complete the necessary paperwork and consultation. If a client is late, the time will be deducted from the total session time and the full amount will be charged.

____III. To ensure the cleanliness of the facility and the health of the therapist, please shower or bathe before your session. The oils, lotions and crèmes do their job better on clean skin as well.

____IV. Clients are to understand this massage is purely therapeutic. Any comments or gestures intended or interpreted to be unprofessional nature, will terminate the massage and prevent further sessions from taking place.

By receiving a massage from a Licensed Massage Therapist, you are entitled...

...to privacy. Any information shared during consultation will remain private. Proper draping during the massage will ensure modest covering in respect to personal boundaries.

...to end a massage if you become uncomfortable, however certain therapeutic techniques may temporarily be uncomfortable but in the long term are beneficial.

...be undressed to your comfort level during your session, however the presence of clothing can interfere with some massage techniques and may make the treatment less effective.

...to ask any questions you may have referring to your session and the procedure being performed.

Here are some suggestions for making your massage last longer and more effective.

1. Drink plenty of water. Massage releases toxins from your body, drinking water will assist in flushing them from your system.
2. Stretch. Muscles are less prone to strain and injury when they are warmed up and loosened. It works together with the massage to keep muscles loose.
3. Receive massage often. Progress can only be made with continuous practice. It will also reduce daily stress and is conducive to a healthy, happy lifestyle.

By signing below, you are agreeing that you have read the above material and will abide by the policies stated above.

Client signature _____ Date ____/____/____

Therapist signature _____ Date ____/____/____