



Client Intake Form - Therapeutic Massage

Client Information

Name _____ Email _____
 Phone _____ DOB _____ Age: _____
 Address _____ City/State/Zip _____
 Emergency Contact Name _____ Phone _____ Relationship _____
 Occupation _____ Referred by: _____

Health Information

Are you taking any medications? yes no If yes, please list: _____
 Any allergies? (oils, lotions, nuts, fruits, etc.) yes no If yes, please list: _____
 Are you pregnant? yes no If yes, how many months: _____ Due date: _____
 Are you currently under medical supervision or receiving other medical interventions? yes no
 If yes, please describe: _____

Areas of swelling	yes no	Diabetes	yes no	Osteoporosis	yes no
Autoimmune disorder	yes no	Fibromyalgia	yes no	Phlebitis	yes no
Back / neck problems	yes no	Headaches	yes no	Sciatica	yes no
Bleeding disorders	yes no	Heart condition	yes no	Seizures	yes no
Blood clots	yes no	Hypertension	yes no	Stroke	yes no
Bruise easily	yes no	Kidney disease	yes no	Tendinitis	yes no
Bursitis	yes no	Multiple sclerosis	yes no	TMJ disorder	yes no
Cancer	yes no	Neurological condition	yes no	Varicose veins	yes no
Contagious condition	yes no	Neuropathy	yes no	Vertigo / dizziness	yes no
Decreased sensation	yes no	Osteoarthritis	yes no		

Areas of broken skin? (rash, wounds) yes no If yes, where? _____
 History of joint replacement surgery? yes no Which joint(s) ? _____
 Recent injuries or medical procedures in the past 2 years? yes no Please describe: _____
 Please describe any other injuries or health conditions: _____

Massage Information

Have you had professional massage before? yes no How recently? _____

Reason for seeking massage: Relaxation Specific problem

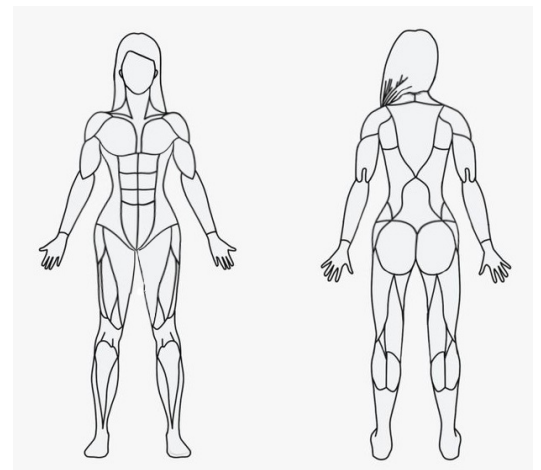
Please indicate any areas of discomfort

How much pressure do you prefer? Light Medium Firm

By signing below, I acknowledge that I am aware of the benefits and risks of massage therapy and that I have completed this form to the best of my knowledge. I also agree to inform my massage therapist of any health or medical changes.

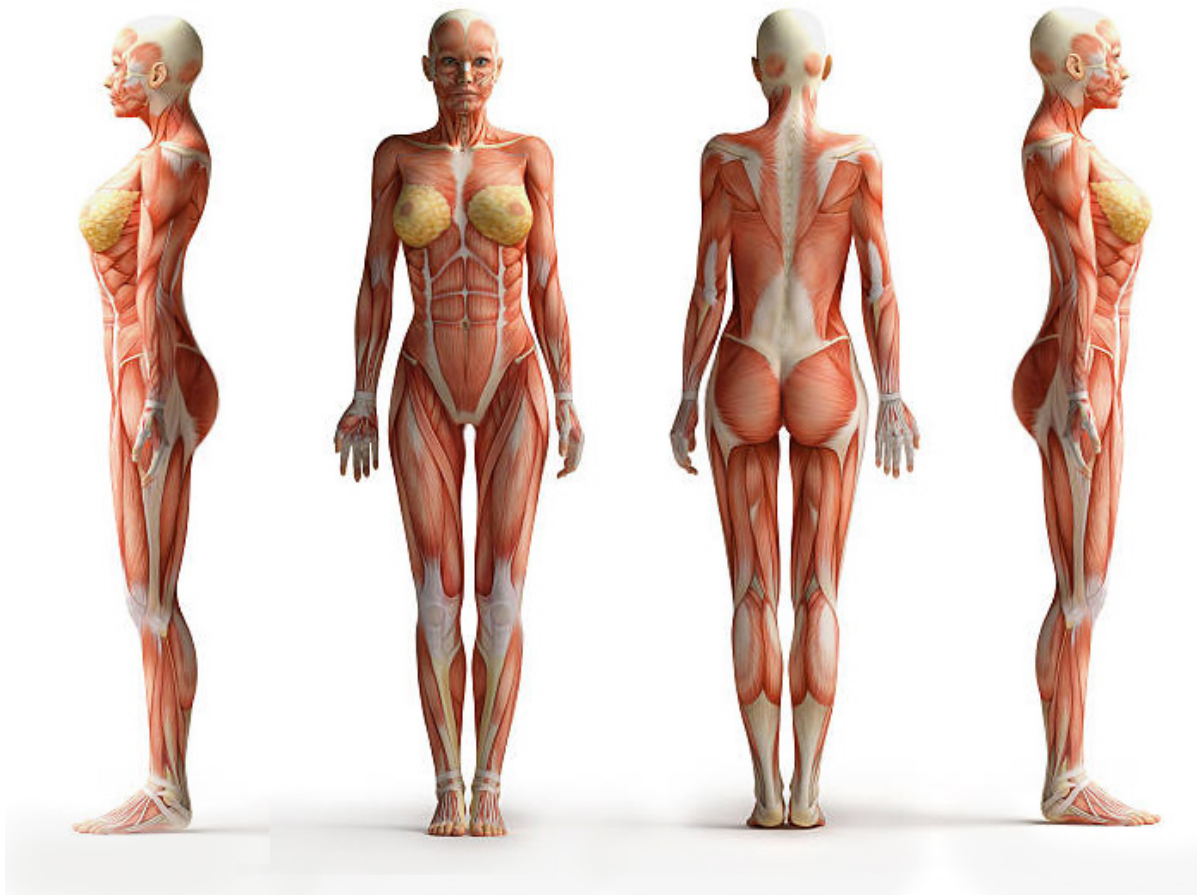
Client Signature _____ Date _____

Therapist Signature _____
 Date _____





Treatment Specific Areas of Focus



A typical full-body massage will include all major muscle groups. Circle any area you would like specific attention and place an X over any area you specifically do not want massaged