



Therapeutic Massage Intake Form

Personal Information:

Client Name _____

Phone # _____ - _____ Email Address _____

Birth date _____ Occupation _____

How were you referred?

internet friend (who?) _____ brochure (where?) _____

Medical and Health Information:

1. Have you had a professional massage before? yes no

Please check all that apply to you:

- | | | |
|---|--|---|
| <input type="checkbox"/> headaches | <input type="checkbox"/> seizures | <input type="checkbox"/> numbness / tingling |
| <input type="checkbox"/> leg / knee pain | <input type="checkbox"/> diabetes | if so, where? _____ |
| <input type="checkbox"/> active cancer | <input type="checkbox"/> varicose veins | <input type="checkbox"/> acute infection |
| <input type="checkbox"/> skin issues | <input type="checkbox"/> gut issues (IBS, Crohn's) | <input type="checkbox"/> jaw clenching / teeth grinding |
| <input type="checkbox"/> neck / back pain | <input type="checkbox"/> cardiovascular issues | |

2. Do you have any allergies or skin sensitivities to any oils, lotions, scents, nuts or fruits?
 yes no

If yes, please list: _____

3. Please list any accidents, injuries and/or surgeries in the last two years:

4. Are you currently under medical supervision? yes no

If yes, please explain: _____

5. Are you currently taking any medication(s)? ___ yes ___no

If yes, please list: _____

Draping will be used during the entire session – only the area being worked on will be uncovered.

I, the undersigned client, 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 or replacement for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor 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 Initials: _____