



**Therapeutic client intake form**

Name \_\_\_\_\_ Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Phone # \_\_\_\_\_

1. Occupation

\_\_\_\_\_  
\_\_\_\_\_

2. Have you had any serious or chronic illnesses, operations, or accidents in the past year?  
If yes please explain

\_\_\_\_\_  
\_\_\_\_\_

3. Are you recovery now from anything? If yes please explain

\_\_\_\_\_  
\_\_\_\_\_

4. Are you under any doctors, chiropractors, or health practitioner's care? If yes please explain

\_\_\_\_\_  
\_\_\_\_\_

5. What kind are you looking to receive from this therapeutic massage session?

\_\_\_\_\_  
\_\_\_\_\_

6. Are you on any medications?

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7. What kind of massage treatments have you had in the past? How often? Last massage was?

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How did you find out about the therapeutic services?

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I have completed this form to the best of my ability. I understand that massage has wonderful health benefits, and is not meant for replacing any needed medical care I may need. Any information I receive during the session is to educate me in achieving a balanced body, mind and soul and is to be used at my own discretion. Our time together is precious and I agree to cancel 24 hours in advance if I miss an appointment I agree to pay the full amount which will be placed on my credit card.

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Print name \_\_\_\_\_

Office use only below this line

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Next appointment \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Session fees \_\_\_\_\_

Suggested sessions \_\_\_\_\_ How often \_\_\_\_\_ Session # \_\_\_\_\_

Card No. \_\_\_\_\_

Visa / master card / other \_\_\_\_\_

Expiration date \_\_\_\_\_ zip code \_\_\_\_\_

Therapist Comments:

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