



Complete then print this form, bring with you to your first appointment.  
You can sign upon arrival. Thank you!

**CLIENT INTAKE FORM**

NAME

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STREET ADDRESS

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PHONE (personal) \_\_\_\_\_ (work) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ OCCUPATION \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

REFERRED BY

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The following series of questions are to familiarize the therapist with important information about you, the client. It is of the utmost importance that you take the time to answer these questions to the best of your ability. This will help the therapist meet your needs with your massage. Please notify your therapist of any changes in your medical condition. All information is confidential.

Primary reason for appointment

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Have you had a professional massage before?

Do you have any allergies?

Do you have any skin conditions?

Do you have any infectious conditions?

Have you had any surgery?

Do you have any spinal issues?

Do you wear contact lenses or dentures?

Do you have frequent headaches?

Are you constantly tired?

Do you have any heart issues?

Do you have high blood pressure?

Do you have varicose veins?

Do you have any history of blood clots?

Do you have any cancer?

Do you have arthritis?

Is there any other medical condition the therapist should be aware of?

Please explain any "yes" answers to the above questions.

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Do you participate in any sports or exercise program regularly? If "yes", what and how often?

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Are you currently under a doctor's care? If "yes", please explain.

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Are you taking any medications? If "yes", please explain

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Have you had any injuries in the past? If "yes", please explain.

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FEMALE CLIENTS: Are you pregnant? If "yes", how many months? \_\_\_\_\_

Is your menstrual period due within the next week?

\_\_\_\_\_

I, \_\_\_\_\_, understand that the massage therapy given here is for the purpose of stress reduction, relief from muscular tension or spasm, or for increasing circulation, and is not of a sexual nature. I understand the massage therapist does not diagnose illness, disease, or any other physical or mental disorder. As such, the massage therapist prescribes neither medical treatment nor pharmaceuticals, nor performs any spinal manipulations. It has been made very clear to me that this massage therapy is not a substitute for medical examinations and/or diagnosis and that it is recommended that I see a physician for any physical conditions. I have stated all my known medical conditions and take it upon myself to keep the massage therapist updated on my physical health. If I am under 18 years of age, a parent or parental guardian must also sign for approval of my getting massaged.

**Emergency contact**

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Client signature**

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

**Parent signature (if under 18)**

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

**Therapist name** \_\_\_\_\_

*Therapist comments:*