



Massage Client Intake Form

Name: _____ Evening Phone: _____
 Street Address: _____ Daytime/Cell: _____
 City/State/Zip: _____ Birth date: _____
 Occupation: _____ Referred by: _____
 Primary reason for appointment: _____

Please answer the following questions by circling the appropriate answer and providing explanations as appropriate:

	Yes	No	Explanations:
Have you had a professional massage before?	Yes	No	_____
Do you wear contact lenses or dentures?	Yes	No	_____
Do you have any skin problems or allergies?	Yes	No	_____
Do you have varicose veins or blood clots?	Yes	No	_____
Do you have arthritis?	Yes	No	_____
Do you have any heart or circulatory problems?	Yes	No	_____
Do you have any blood pressure problems?	Yes	No	_____
Do you have any spinal problems?	Yes	No	_____
Are you presently under any emotional strain?	Yes	No	_____
Are you experiencing more stress than usual?	Yes	No	_____
Have you suffered an acute injury or surgery recently?	Yes	No	_____

Do you have any other conditions that your massage therapist should be aware of? Yes No _____

Are you taking any medications, supplements or herbal treatments? Yes No _____

Please list and include purpose: _____

Are you under the care of a health or mental health care practitioner? Yes No _____

Name(s): _____

Activities/Hobbies in which you are regularly engaged, i.e. sports, which may affect your massage: _____

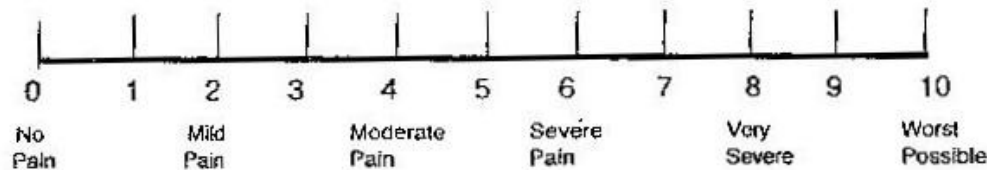
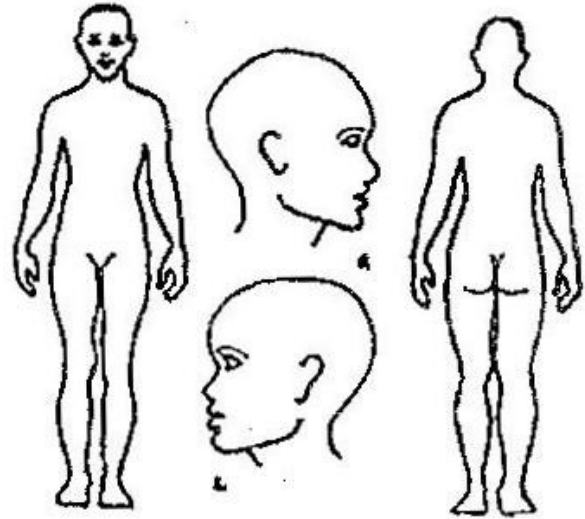
Please look at the figures at the right.

Please mark the figures using the following key:

- Area of pain O
- Area of tenderness ●
- Area of tightness x

Note the severity of pain using a 0-10 pain scale (described below).

Describe any other concerns, areas you would like me to avoid, etc.:



I understand that the massage therapy given here is for the purpose of stress and pain reduction, relief from muscular tension or spasm, and for increasing circulation and energy flow. I understand that the massage therapist does not diagnose illness, disease, or any other physical or mental disorder. The massage therapist does not prescribe medical treatment or pharmaceuticals, or perform spinal manipulation. I understand that massage therapy is not a substitute for medical examinations and/or diagnosis and that it is recommended that I see an appropriate health care provider for any physical ailment that I might have.

With this in mind, I agree to receive massage therapy and hold the therapist blameless for any problems that might arise as a result of the massage session.

Signature _____ Date _____