



Massage Intake Form

CLIENT

First Name: _____ Last Name: _____ MI: _____

Gender: M / F / GN Date of Birth: ____/____/____

Home Address: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Cell: (____) _____ - _____ E-mail*: _____

* (optional) email used for electronic statements or for Fullscript (website for direct personal supplement orders).

PARENT or GUARDIAN (if a minor)

First Name: _____ Last Name: _____ MI: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Cell: (____) _____ - _____ Relationship to Client: _____

EMERGENCY CONTACT

First Name: _____ Last Name: _____ MI: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Cell: (____) _____ - _____ Relationship to Client: _____

Referred By (optional): _____

Payment Method: Cash ____ Check ____ Credit Card* ____

*We only accept Visa, Mastercard, and Discover Cards

CLIENT SIGNATURE: _____ **Date:** _____

PARENT/GUARDIAN (if a minor):

Name: _____ **Signature:** _____ **Date:** _____



Health History

First Name: _____ Last Name: _____ MI: _____

Please help us ensure a safe and comfortable massage experience by providing the following information. Check all that apply and explain.

- Arthritis _____
- Blood clots _____
- Blood pressure conditions _____
- Cancer _____
- Chronic pain (joint, muscle, nerve) _____
- Diabetes _____
- Fibromyalgia _____
- Headaches _____
- Heat/cold sensitivity _____
- Heart conditions _____
- Immune system dysfunction _____
- Infections _____
- Injuries _____
- Insomnia _____
- Lupus _____
- Medications _____
- Numbness, tingling _____
- Pregnancy _____
- Skin conditions (bruising, acne, rash) _____
- Strokes _____
- Surgeries _____
- Varicose veins _____
- Other _____



Health History

Daily activities affected by stress/pain/condition:

Desired Massage Pressure: Light Medium Heavy Are you under the age of 18? Yes No
(if yes, parent/guardian permission is required)

Consent for Treatment

I understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any physical or mental ailment of which I am aware. I understand that massage/bodywork practitioners 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 massage/bodywork sessions should be construed as such.

Massage/bodywork 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 practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so.

If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort.

I understand that any illicit or sexually suggestive remarks or actions will result in immediate termination of the session and I will be liable for payment of the scheduled appointment.

I understand the above statements and give my consent to receive care.

Client

Name: _____ Signature: _____ Date: _____

Massage/bodywork consent for a minor child:

I, _____, being the parent or legal guardian of _____
have read and fully understand the above statements and hereby grant permission for my child to receive
massage/bodywork.

Parent/Guardian

Name: _____ Signature: _____ Date: _____