

CLIENT INTAKE FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

E-Mail: _____ Birthday: _____

Emergency Name/Phone Number: _____

Have you had a massage previously: Yes No

Are there any specific problems or areas you would like the massage therapist to focus on?

Have these changed since your last visit? Yes No

If **YES**, please explain:

What type of pressure do you prefer? Firm Medium Light

Have you had any broken bones? _____

Are you taking any medications? If so, please list: _____

Have you had any recent surgeries? _____

List all medical disorders and conditions: _____

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of tension and stress. I understand that massage therapy is not a substitute for medical treatment or medications. I am aware that the massage therapist does not diagnose illness or disease. If I feel pain or discomfort during the session, I will immediately notify my therapist. I affirm that I have told the massage therapist all of my medical conditions and answered all questions honestly. Furthermore, I will keep the massage therapist updated on any medical/health changes. I understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for the payment of the scheduled appointment. I understand that there shall be NO liability on the practitioner's part due to my forgetting to relay any pertinent information.

Client Signature: _____ Date: _____