

# Massage Client Intake Form

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ Referred by \_\_\_\_\_

Occupation \_\_\_\_\_ Activity/Exercise level? (1-5) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

*Please Circle Yes or No:*

Y N Have you ever had a professional massage? If yes, how often? \_\_\_\_\_

Y N Are you pregnant? If yes, how far along? \_\_\_\_\_

Y N Are you allergic to any oils/scents? If yes, what? \_\_\_\_\_

List of current medications and reason \_\_\_\_\_

\_\_\_\_\_

List of surgeries (type and date) \_\_\_\_\_

\_\_\_\_\_

*On a Scale of 1-10, rate your levels of:*

Stress \_\_\_\_\_ Pain \_\_\_\_\_ Energy \_\_\_\_\_

How did your symptoms begin and when did they start? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

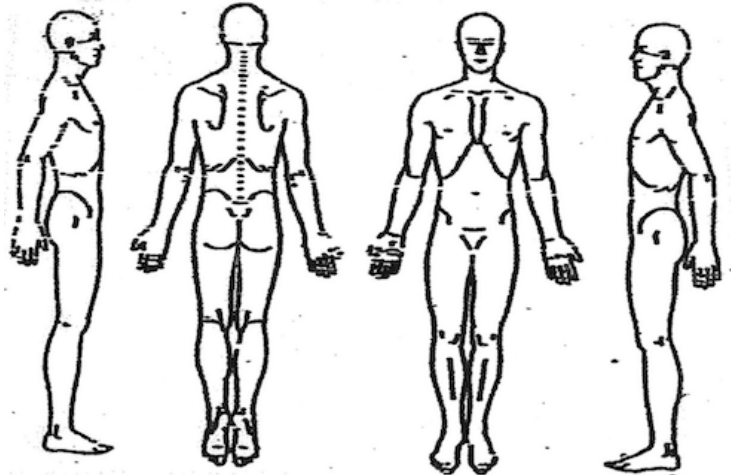
What are your goals for massage? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Mark any areas of discomfort/pain:**



What pressure/style of massage do you prefer? \_\_\_\_\_

*I completed this form to the best of my knowledge. I understand that a massage therapist doesn't diagnose any medical, physical, or mental disorders/illnesses/diseases. Information exchanged during sessions are intended to help me become more familiar with my health status and used at my own discretion. I am responsible for consulting a qualified physician for any physical ailment I may have.*

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