

MASSAGE INTAKE FORM

NAME _____ DOB _____
ADDRESS _____ CITY _____ ST _____ ZIP _____
EMAIL _____ PHONE _____
OCCUPATION _____ AGE _____ (M) _____ (F) _____
EMERGENCY CONTACT NAME & # _____

Please carefully read the following and answer each question below. If you have any specific medical conditions or symptoms, massage may be a contraindication. A referral from your physician may be required prior to the service(s) being provided.

Have you ever had a professional massage before? (Y)___ (N)___ Are you Diabetic? (Y)___ (N)___
Do you have High Blood Pressure? (Y)___ (N)___ Do you have Allergies? (Y)___ (N)___
Do you have Cardiac/Circulatory problems? (Y)___ (N)___ Do you Bruise easily? (Y)___ (N)___
Do you have Tension/Soreness? (Y)___ (N)___ Do you have Arthritis/Joint Swelling? (Y)___ (N)___
Do you have Osteoporosis? (Y)___ (N)___ Do you suffer from Back Pain? (Y)___ (N)___
Are you pregnant? (Y)___ (N)___ (If yes, how many weeks?) _____
Do you suffer from Epilepsy/Seizures? (Y)___ (N)___ Do you have metal implants? (Y)___ (N)___
Do you have any Contagious Illness(es)? (e.g. Cold, Flu, Strep Throat, Ringworm, etc.) (Y)___ (N)___
Have you been in an accident/suffered from any broken bones in the last two (2) years? (Y)___ (N)___
(If yes, where and when?) _____
Are you taking any medication/have any medical conditions we should be aware of? (Y)___ (N)___

Comments _____

I understand that the massage I receive is for the purpose of relaxation and the relief of muscular tension. If I experience any pain/discomfort at any time, I will immediately inform the therapist so that the pressure may be adjusted to my comfort level. I understand that the massage is not a substitute for a medical examination, diagnosis or treatment. I understand that sexual harassment will NOT be tolerated, and the therapist has the right to end the session early and request full payment upon ending the session due to propositioning, soliciting and physically, verbally or sexually harassing the therapist.

Please sign and date _____

If under eighteen (18) years old, must have a parent/guardian sign and date prior to the session.
