

**MASSAGE INTAKE FORM**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_  Male  Female  
Phone (Cell) # \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ City, State & Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_ Phone # \_\_\_\_\_

1. Have you had massage therapy before?  More than 20 times  5 -20 times  Less than 5 times  Never  
2. If Yes, When was your last massage? approx. \_\_\_\_\_  
3. On diagram, indicate the area(s) of  
 **tenderness or pain**  
 **tightness**

4. If you have pain today, is it due to  
 injury or  everyday wear/tear?

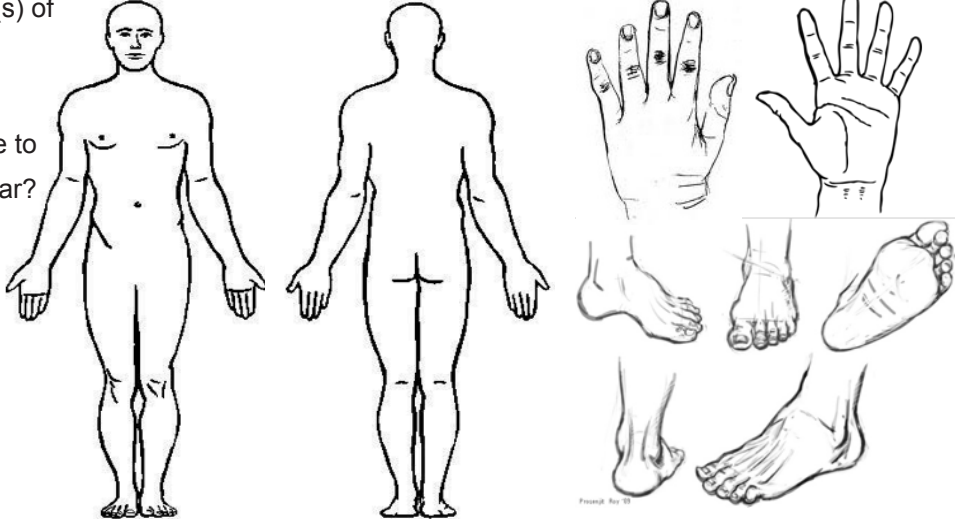
5. What type of pressure are you comfortable with?  
 Light  Medium  Deep

6. Do you have any of the following TODAY?  
 Skin Rash  Cold/Flu  
 Open Cuts  Bruises  
 Anything Contagious

7. What are your goals/expectations for this therapy session? \_\_\_\_\_

8. List all surgeries you have had in the past \_\_\_\_\_

9. Please mark the box next to each medical condition which applies to you  
 Allergy \_\_\_\_\_  Arthritis  Blood Clots  Cancer  Depression, panic disorder  Diabetes  
 Fracture/Dislocations  Headache  Heart Condition  High Blood Pressure  Muscle Strain/Sprain  
 Pregnancy  Scoliosis  Stroke  TMJ disorder  Others \_\_\_\_\_



How did you find us?  I am an existing patient  Friend/Family \_\_\_\_\_  Other \_\_\_\_\_

Please read the following information and acknowledge by signing below:

1. Although massage is therapeutic, it is not a substitute for medical examination, diagnosis and treatment.
2. Any sexual remarks or advances will terminate the session and I will be liable for payment of the scheduled treatment.
3. Being that massage should not be done under certain medical conditions, I affirm that I have answered all questions pertaining to medical conditions truthfully.
4. **Cancellation fee is \$25 for a missed appointment without letting us know (via phone/email) 4 hrs before appointment.**