

Massage Client Intake Form

Name: _____
Date: _____
Address: _____ City: _____
Zip: _____
E-mail: _____
Date of birth: _____
Phone Number: _____
Occupation: _____
How did you hear about us? _____

GENERAL & MEDICAL INFORMATION

Have you ever received a professional massage? YES NO
How recently? _____

What type of massage do you prefer? LIGHT MEDIUM FIRM OTHER _____

Are you sensitive to scents: YES NO?

Do you have any allergies to oils, lotions, or ointments? YES NO

Check areas of your body that you do NOT want to receive massage:

Face Feet Glutes Scalp Other

Please mark the following conditions that apply to you:

PREGNANT _____ How many weeks?

- | | |
|---|--|
| <input type="checkbox"/> contagious skin condition | <input type="checkbox"/> heart condition |
| <input type="checkbox"/> high or low blood pressure | <input type="checkbox"/> warts |
| <input type="checkbox"/> circulatory disorder | <input type="checkbox"/> scoliosis |
| <input type="checkbox"/> respiratory issues | <input type="checkbox"/> diabetes |
| <input type="checkbox"/> blood clots | <input type="checkbox"/> edema |
| <input type="checkbox"/> open sores or wounds | <input type="checkbox"/> athletes foot |
| <input type="checkbox"/> frequent headaches | <input type="checkbox"/> asthma |
| <input type="checkbox"/> joint disorder or artificial joint | <input type="checkbox"/> stress |
| <input type="checkbox"/> recent accident or injury | <input type="checkbox"/> gout |
| <input type="checkbox"/> cancer | <input type="checkbox"/> varicose veins |
| <input type="checkbox"/> numbness/tingling | <input type="checkbox"/> osteoporosis |
| <input type="checkbox"/> decreased/increased sensation | <input type="checkbox"/> epilepsy |
| <input type="checkbox"/> allergies – perfumes, skin irritants | <input type="checkbox"/> headaches |
| <input type="checkbox"/> current fever or swollen glands | |

If you answered “YES” to any of the above, please explain below:

Please list any other medical concerns/issues/diagnoses of which we should be aware:

(Please Turn Page Over) >

[Type here]