

Client Intake Form

Name _____ Birthday _____

Address _____

Phone _____ Email _____

Profession _____

Referred by _____

Massage Experience

1. Have you had a professional Massage before? Yes No

2. Frequency of treatments? _____

Current Health

1. Have you recently suffered an injury? Yes No

If yes, describe: _____

2. Have you had recent surgery? Yes No

If yes, describe: _____

3. Medication/Allergies: _____

4. Any other medical condition(s) the therapist should be aware of? _____

- I attest that the above information is true and accurate to the best of my knowledge.
- I understand that the Massage Therapist is not a doctor and cannot prescribe medications or diagnose medical conditions.
- I have read and understand the Massage Policies.

Signature _____ Date _____