

# Massage Therapy Intake Form

## Personal Information

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_ DOB: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

## Massage Experience

How did you hear about us? \_\_\_\_\_  
Have you ever had a professional massage before? Y / N  
If yes, when was your last massage? \_\_\_\_\_  
What type of massage? (ex. Swedish, Deep Tissue, etc) \_\_\_\_\_  
Do you have any difficulty lying on your front, back or side? \_\_\_\_\_  
Do you have any allergies to oils, lotions or ointments? \_\_\_\_\_  
What type of pressure do you like? (Please Circle) Light---Medium---Firm---Deep

## Health History

Please list any medications or supplements you are currently taking and explain:

\_\_\_\_\_

Are you currently pregnant? \_\_\_\_\_ If yes, how many weeks along? \_\_\_\_\_

Please list any injuries/accidents/illnesses still affecting you: \_\_\_\_\_

\_\_\_\_\_

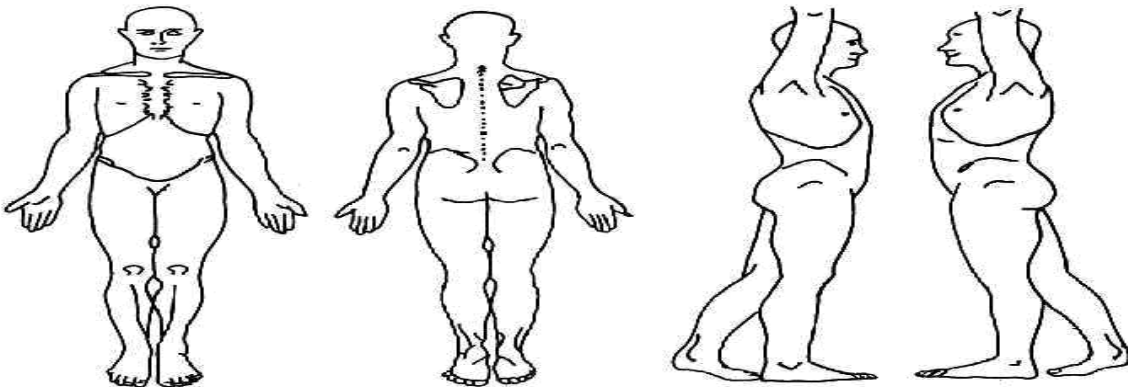
Please list any surgeries and explain: \_\_\_\_\_

Is there a particular area of the body where you are experiencing tension, stiffness, pain or other discomfort? \_\_\_\_\_

Do you have any particular goals in mind for this massage session?

\_\_\_\_\_

Please circle your areas of concern on the body below:



**Special Note:** Some acupressure points in this massage are not appropriate for pregnant women. Please tell your practitioner if you are pregnant or are trying to get pregnant.

### **Cancellation Policy**

You may cancel your appointment without charge as long as you cancel before the close of business on the day before your appointment.

Same day cancellations will be charged \$25.

If you do not cancel your appointment and do not show up for your scheduled appointment, you will be charged full price for the scheduled service.

### **Release Form**

By signing this, I agree that I have answered all questions to the best of my knowledge and that I will inform the therapist of any changes in my condition or medication. If I experience any pain/discomfort or would like the pressure adjusted, I will inform the therapist immediately.

I understand that a massage therapist cannot diagnosis any illness, disease, or any physical or mental disorders nor can the therapist prescribe any medication and that nothing said in a session should be construed as such. I understand that massage therapy is intended to work in conjunction with my health care, not act as a substitute for medical examination. I understand that it is my responsibility to consult a physician for any ailments I may have.

I understand that massage therapy is a therapeutic measure used to reduce stress, muscular tension, and pain. I understand there are no guarantees for recovery and if I am unsatisfied with the progress made with my treatment I will inform the therapist, so he/she may direct me to another treatment. I also understand that massage therapy is non-sexual in nature and any advancement made will terminate the massage.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_