

Massage Therapy Client Intake Form

Date: _____ Full Name: _____ Date of Birth: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone Number: _____ Email: _____
 Emergency Contact Name: _____
 Emergency Contact Phone: _____

Health History

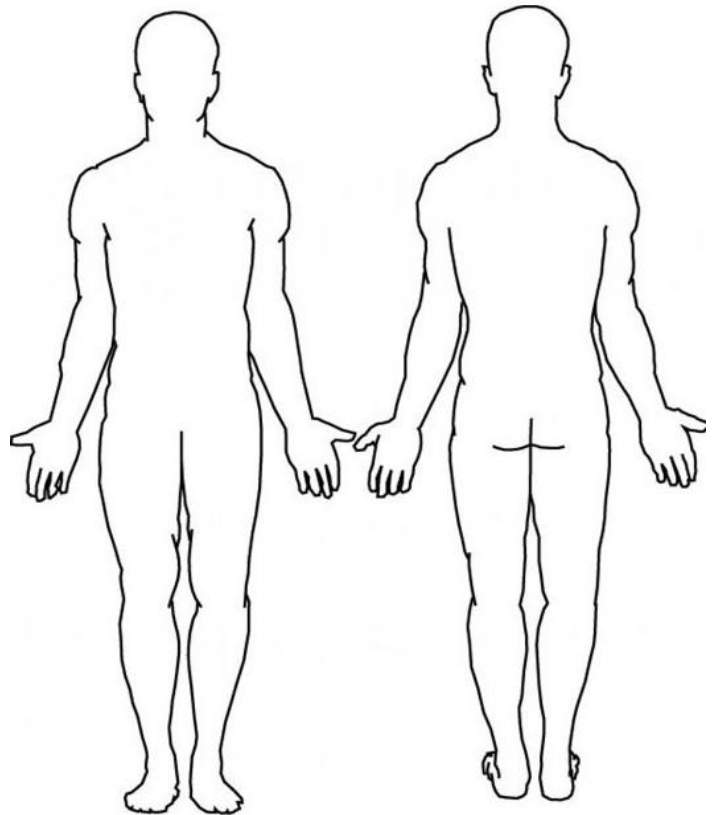
1. Have you ever received massage therapy before?

No Yes If yes, what kind of massage? _____

2. What is your primary reason for seeking massage therapy?

3. Do any of the following apply? (Check all that apply)

- Arthritis or joint pain
- Blood clots or varicose veins
- Breathing problems (lung)
- Bruise easily
- Cancer
- Contact lenses
- Contagious diseases
- Carpel tunnel
- Diabetes
- Heart problems
- High blood pressure
- Migraines
- Osteoporosis
- Pregnant (If yes, how many weeks? _____)
- Recent surgeries or fractures
- Sciatica
- Sinus issues
- Skin conditions or allergies
- TMJ (jaw pain)



4. Are you currently taking any medications?

Yes (please list): _____

No

5. Do you have any areas of pain, injury, or discomfort? Please specify:

6. Do you have any allergies to oils, lotions, or ointments?

Yes (please specify): _____

No

7. Are you currently under medical care?

Yes (please explain): _____

No

8. Is there anything else your massage therapist should know about your health?

Massage Preferences

1. Preferred pressure:

Light Medium Deep

2. Areas to focus on:

3. Areas to avoid:

Consent and Agreement

I certify that the above information is accurate to the best of my knowledge. I understand that massage therapy is not a substitute for medical treatment or diagnosis and that the massage therapist does not diagnose or treat medical conditions. I agree to inform the therapist of any changes in my health status.

Client behavior must remain professional. Any sexual comments or actions will result in immediate termination of the session, and I will be responsible for full payment. By signing below, I acknowledge that I have read, understand, and agree to the terms outlined above.

Signature: _____ **Date:** _____

For Therapist Use Only

Date of session: _____ Therapist name: _____

Notes: _____