

Client Intake Form – Therapeutic Massage

Name: (PLEASE PRINT) _____ Phone: _____ Birthday: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Emergency Contact Name: _____ Phone: _____

Massage therapy constitutes a health care service of massage therapy for therapeutic purposes. Massage therapy does not constitute the practice of chiropractic. The terms therapy and therapeutic when used in the context of massage therapy practice do not include (1) the diagnosis or treatment of illness or disease; or (2) a service or procedure for which a license to practice medicine, chiropractic, physical therapy, or podiatry is required by law.

The following information will be used to help plan safe and effective massage session. Please answer the questions to the best of your knowledge.

• Do you have any particular goals in mind for this massage session? Yes No _____

• Circle any of the following areas you would like extra concentration:
 Head Neck Back Abdomen Arms Legs Feet Hands Other: _____

• Is there a particular area of the body where you are experiencing tension, stiffness, pain or other discomfort? _____
 Please explain: _____

History:

Have you had a professional massage before? No Yes Why? _____
 Are you on any medications? No Yes What kind? _____

Health: Do you have any of the following?

Infectious Diseases	No	Yes	Please explain: _____ _____
Skin conditions or allergies to oils, lotions, or ointments	No	Yes	
High/Low Blood Pressure	No	Yes	
Headaches	No	Yes	
Diabetes	No	Yes	
Herniated Disc/Bulging Discs	No	Yes	
Cancer	No	Yes	
Fever	No	Yes	
Swollen ankles/feet or Inflammation	No	Yes	
Female Clients: Pregnant?	No	Yes	

Is there anything else about your health history that you think would be useful for your massage therapist to know to provide a safe and effective massage session for you? _____

Draping will be used during the session – only the area being worked on will be uncovered.
 Clients under the age of 17 must be accompanied by a parent or legal guardian during the entire session. Informed written consent must be provided by parent or legal guardian for any client under the age of 17.

I, _____ (print name) understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I understand that this is a therapeutic massage and any sexual remarks or advances will terminate the session and I will be liable for full payment of the scheduled treatment. I also understand that because a massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly.

Signature of client _____ Date _____