MASSAGE THERAPY INTAKE FORM

Client Name: _____ Phone: _____

Email: _____ Date of Birth: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

Health Information:

Do you have any allergies? If yes, please list:

Are you currently taking any medications? If yes, please list:

Do you have any medical conditions (e.g., diabetes, hypertension)? If yes, please specify:

Have you had any surgeries or hospitalizations in the past 5 years? If yes, please describe:

Do you have any skin conditions, rashes, open wounds, or infections?

Are you pregnant or suspect you may be pregnant?

Do you have any joint or muscle issues (e.g., arthritis, chronic pain, recent injuries)? If yes, please specify:

Do you have any cardiovascular conditions (e.g., heart disease, high blood pressure)?

Do you have a history of blood clots or deep vein thrombosis?

Do you have any other health concerns or conditions that your massage therapist should be aware of?

Massage Preferences:

Preferred pressure: Light / Medium / Deep

Areas to focus on or avoid:

Have you had a professional massage before? Yes / No

What are your goals for this session? (e.g., relaxation, pain relief, injury recovery):

_____

_____

_____

Consent and Agreement:

I hereby certify that the information I have provided is true and accurate to the best of my knowledge. I understand that massage therapy is not a substitute for medical treatment, and it is recommended that I consult with my primary healthcare provider regarding any medical conditions. I acknowledge that no guarantees have been made to me regarding the results of any massage therapy session. I give my consent for massage therapy treatment and understand that I may revoke this consent in writing at any time. I understand that massage therapists do not diagnose illness or disease, nor prescribe medication, and that massage therapy is not a substitute for medical examination or diagnosis. If I experience any pain or discomfort during the session, I will immediately inform the therapist so that the pressure or technique may be adjusted. I release the therapist and establishment from any and all liability arising from the massage therapy services provided.

CLIENT SIGNATURE **THERAPIST SIGNATURE**

Signature: _____ Signature: _____