Sample Intake Form

WELCOME! I would like to make your appointment as pleasant and comfortable as possible. If at any time you have questions regarding your session, please let us know.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work/Cell Phone: _____

E-mail: _____

Occupation: _____ Date of Birth: _____

Emergency Contact Person: _____ Phone: _____

Are you currently under a physicians care for an acute or chronic illness? Y ____ N ____
If yes please explain: _____

Have you received a massage before? Y__ N___ If yes, when: _____

How did you hear about us? _____

Please check any of the following conditions or symptoms which apply to you:

- ☐ open sores or wounds
- ☐ easy bruising
- ☐ recent accident or injury
- ☐ recent fracture
- ☐ recent surgery
- ☐ artificial joint
- ☐ sprains/strains
- ☐ current fever
- ☐ swollen glands
- ☐ allergies/sensitivity
- ☐ heart condition
- ☐ high or low blood pressure
- ☐ circulatory disorder
- ☐ varicose veins
- ☐ atherosclerosis
- ☐ phlebitis
- ☐ deep vein thrombosis/ blood clots
- ☐ joint disorder/ rheumatoid athritis/ osteoarthritis/tendonitis
- ☐ osteoporosis
- ☐ epilepsy
- ☐ headaches/migraines
- ☐ cancer
- ☐ diabetes
- ☐ decreased sensation
- ☐ back/neck problems
- ☐ Fibromyalgia
- ☐ TMJ
- ☐ carpal tunnel syndrome
- ☐ tennis elbow
- ☐ pregnancy

Describe, as needed, any conditions indicated above, or other conditions that you feel may be important:

_____

_____

Please list what conditions you are taking medications for: _____

_____

Please list any recent injuries or surgeries within the past 5 years: _____

_____

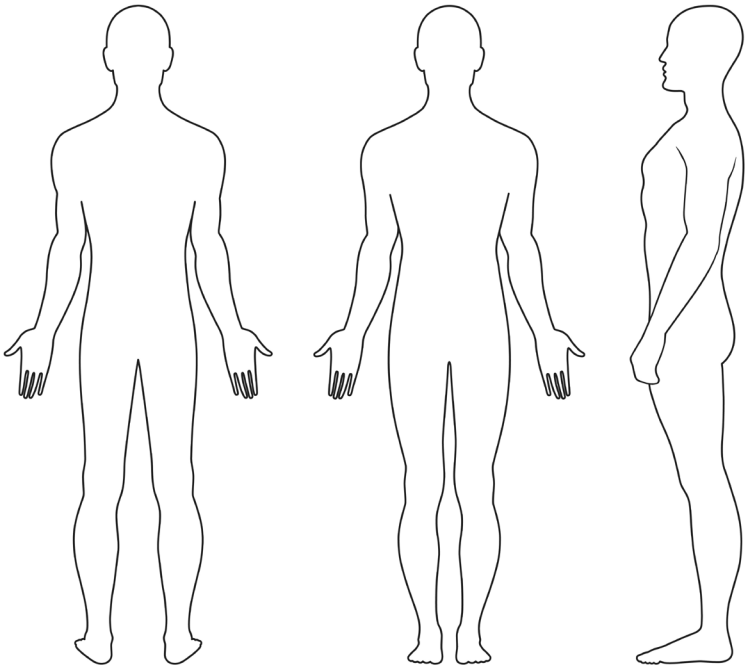
What are your goals for this session: _____

Please list areas of tension, stress and/or pain you wish to be addressed: _____

_____

What kind of pressure do you prefer? Light ☐ Medium ☐ Firm ☐

Circle any areas you would like the massage therapist to concentrate on during the session:



I have stated all conditions that I am aware of and this information is true and accurate to the best of my knowledge. I will inform my therapist if anything changes in my status. I understand that my spa therapist does not diagnose illness or disease, nor prescribe any medications/treatments. I acknowledge that massage is not a substitute for a medical examination or diagnosis and that I should see my health care provider for those services.

Client Signature: _____ Date: _____