



New Client Intake Form

Name: _____

Date: _____

Address: _____

City: _____ State: _____

Zip: _____

Email Address: _____

Phone: _____ Mobile: _____

DOB: _____ Age: _____

Occupation: _____

Have you ever received Massage Therapy Before?

Present Complaint? _____

Goals for today's Massage? _____

Do you have any of the following? (Circle all that apply)

Sunburn	Cuts	Burns	Bruises	Inflammation	Skin Rash	Skin Condition	Headache
Severe Pain	Poison Ivy	Cold or Flu	Asthma	Arteriosclerosis	Pregnancy		
Arthritis	Diabetes	Varicose Veins	Hernia	Stomach Ulcers	Epilepsy		
Dizziness	Depression	High Blood Pressure	Contact Lenses	Heart Disease	Hemophilia		
Low Blood Pressure	Musculoskeletal Problems	Cancer	Pins/Rods/Pacemaker (Hardware)				

Other Medical Issues: _____

I understand that massage is designed for the purpose of relaxation and relief from tension, muscle spasms and other musculoskeletal conditions, it is not a substitute for medical treatment and the therapist cannot diagnose medical conditions/diseases/disorders or perform spine manipulations.

24 HOUR CANCELLATION POLICY: You will be charged for a full session unless case of emergency.

Sign: _____ Date: _____