

Client Intake Form

PERSONAL INFO.

Name: _____ Age: _____ Phone #: _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Occupation: _____
Emergency Contact: (name) _____ (phone) _____ (relationship) _____

MEDICAL INFO.

Are you currently seeing a Physician/ Acupuncturist/ Chiropractor?

Please list any relevant injuries/ surgeries:

Please list any relevant allergies/ sensitivities:

Please list any relevant medications you are currently taking:

Put an X by all that apply:

Seizures	Headaches/ Migraines	Heart Attack
Diabetes	High Blood Pressure	Cancer
Bruise Easily	Whiplash	Arthritis

MASSAGE THERAPY INFO.

Have you ever had a professional massage before? YES _____ NO _____

How did you find me? Google: _____ Instagram/FB: _____ Business Card: _____ Friend: _____ Referral: _____

Schedulicity: _____ Other: _____

Are you currently experiencing pain/discomfort/tension ?

Put an X by all that apply:

- | | | |
|--|------------------------------------|---|
| <input type="checkbox"/> Jaw Pain | <input type="checkbox"/> Knee Pain | <input type="checkbox"/> Joint Pain |
| <input type="checkbox"/> Shoulder Pain | <input type="checkbox"/> Neck Pain | <input type="checkbox"/> Foot Pain |
| <input type="checkbox"/> Sciatic Pain | <input type="checkbox"/> Back Pain | <input type="checkbox"/> Abdominal Pain |

Numbness/ Tingling: if so where? _____

CLIENT AGREEMENT

I am aware of the benefits and risks of massage therapy, cupping therapy (if applicable), kinesiology tape (if applicable), IASTM (if applicable), and the use of essential oils & herbal oils (if applicable) and give my consent for this treatment. I understand that there is no guarantee of success or effectiveness of individual techniques or series of appointments. I acknowledge that massage therapy is not a substitute for medical care, medical examination or diagnosis.

Signature: _____ Date: _____

CANCELLATION POLICY AGREEMENT

I understand that there is a cancellation / late policy at this establishment.

The massage will start and end ON TIME. If the client is late, the massage will still end at its scheduled time. The client is responsible for paying FULL COST even if this causes the massage to be shortened. NO-SHOWS will result in a cancellation fee of the FULL COST of the massage service, due before the client can reschedule.

LESS THAN 24 HOURS' NOTICE will result in a fee of HALF THE COST of the massage service, due before the client can reschedule

Signature: _____ Date: _____