

# MASSAGE INTAKE FORM

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## Emergency Contact Information:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Health Information:

Are you currently experiencing any pain or discomfort? If yes, please describe:

\_\_\_\_\_

Do you have any allergies to oils, lotions, or ointments?

\_\_\_\_\_

Do you have any medical conditions (e.g., heart problems, diabetes, high blood pressure)? Please specify:

\_\_\_\_\_

Are you pregnant or suspect you might be?

\_\_\_\_\_

## Massage Preferences:

Type of Massage Desired (e.g., Swedish, Deep Tissue, Sports):

\_\_\_\_\_

Areas to Focus On:

\_\_\_\_\_

Areas to Avoid:

\_\_\_\_\_

## Consent and Agreement:

I acknowledge that the massage therapist does not diagnose or treat any medical or mental disorders, and nothing said during the session should be construed as such. Massage therapy is not a substitute for medical care or medications. I understand that any information I provide is confidential and will be used for the purpose of massage therapy sessions only. I consent to the massage services provided and understand I may stop the session at any time. I release the therapist and establishment from any liability arising from the massage session.

**CLIENT SIGNATURE**

**THERAPIST SIGNATURE**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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