

# Confidential Client Intake



Name _____
Street _____
City _____ State _____ Zip _____
Telephone _____ Date of Birth _____
E-mail Address _____ <small>(To receive special email-only coupons)</small>
Occupation _____
Emergency contact _____
Have you ever had a professional massage? Yes <input type="checkbox"/> No <input type="checkbox"/>

## Please answer the following questions

- Do you have any allergies or skin problems? Yes  No
- Have you had any recent injuries or illnesses? Yes  No
- Have you recently had surgery? Yes  No
- Do you have any infectious diseases? Yes  No
- Do you have heart problems? Yes  No
- Do you have high or low blood pressure? Yes  No
- Do you have diabetes? Yes  No
- Do you have arthritis? Yes  No
- Do you take any medications? Yes  No
- Do you have any spinal problems? Yes  No
- Are you pregnant? Yes  No

If you answered yes to any of the above, please feel free to elaborate \_\_\_\_\_

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Please check boxes of areas you do not want massaged.

- |                                       |  |                                     |                                |
|---------------------------------------|--|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Back         | <input type="checkbox"/> Front of legs | <input type="checkbox"/> Hands      | <input type="checkbox"/> Face  |
| <input type="checkbox"/> Glutes       | <input type="checkbox"/> Feet          | <input type="checkbox"/> Neck       | <input type="checkbox"/> Other |
| <input type="checkbox"/> Back of legs | <input type="checkbox"/> Arms          | <input type="checkbox"/> Scalp/head |                                |

I understand that my massage practitioner must be aware of all existing medical conditions in order to provide appropriate massage. I understand that my massage practitioner does not diagnose or prescribe for any illnesses, diseases, or other physical or mental conditions. I also understand that I am responsible for letting my doctor know of any physical ailments as well as keeping my massage practitioner informed about changes to my health.

I understand that this massage is for therapeutic purposes only. If I feel uncomfortable or unsafe at any time during the massage I will let my massage practitioner know.

Signature \_\_\_\_\_

Date \_\_\_\_\_