

Client Intake Massage Form

Name _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

Email _____

The following information will be used to help plan a safe and effective massage session. Please answer the questions to the best of your knowledge.

Please list any current medications that you are currently taking:

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

Do you have any of the following today:

- Skin rash
- Cold/Flu
- Open Cuts
- Severe Pain
- Anything Contagious
- Injuries/Bruises

Please explain any conditions you have marked above

Draping will be used during the session – only the area being worked on will be uncovered.

Clients under the age of 17 must be accompanied by a parent or legal guardian or have written consent for a massage.

I, _____ (print name) understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during the session, I will immediately inform the therapist so that the pressure and/ or strokes may be adjusted to my level of comfort. I further understand that massage should not be conducted as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor or other qualified medical specialist. I understand that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. My session may be terminated at any time if the therapist determines that my behavior is inappropriate. I understand if that session is cut short due to these reasons I will be responsible for the cost of the session.