handcrafted therapy

MASSAGE INTAKE FORM

Name: _____ Date of birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Occupation: _____

Email: _____ Referred by: _____

Emergency contact name: _____ Emergency contact phone: _____

Physician's contact name: _____ Physician's contact phone: _____

List all medications: _____

What would you like to achieve from your services today? _____

Have you ever had a professional massage before? yes ___ no ___

If yes, what types of massage have you had (Swedish, deep tissue, ashiatsu, etc.):

_____

Frequency of massage: _____ Last massage: _____

Problems or concerns: _____

Do you exercise regularly or participate in any sports? yes ___ no ___

If so, what kind? _____

Are you experiencing any discomfort, pain, stiffness, or tension? yes ___ no ___

If yes, please describe? _____

Do you have sensitive skin? yes ___ no___

Do you have allergies to oils/lotions/creams? yes ___ no___

If yes, please explain: _____

Please check all areas of concern that you have:

Tendonitis/Bursitis ☐ Arthritis/Gout ☐ Jaw Pain/TMJ ☐

Migraines/Headaches ☐ Osteoporosis ☐ High/Low Blood Pressure ☐

Heart Condition ☐ Asthma ☐ Emphysema ☐

Allergies: _____

Numbness/Tingling ☐ Pinched Nerve ☐ Multiple Sclerosis ☐

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MASSAGE INTAKE FORM

Pregnant, stage _____ Rashes ☐ Irritable Bowel Syndrome ☐

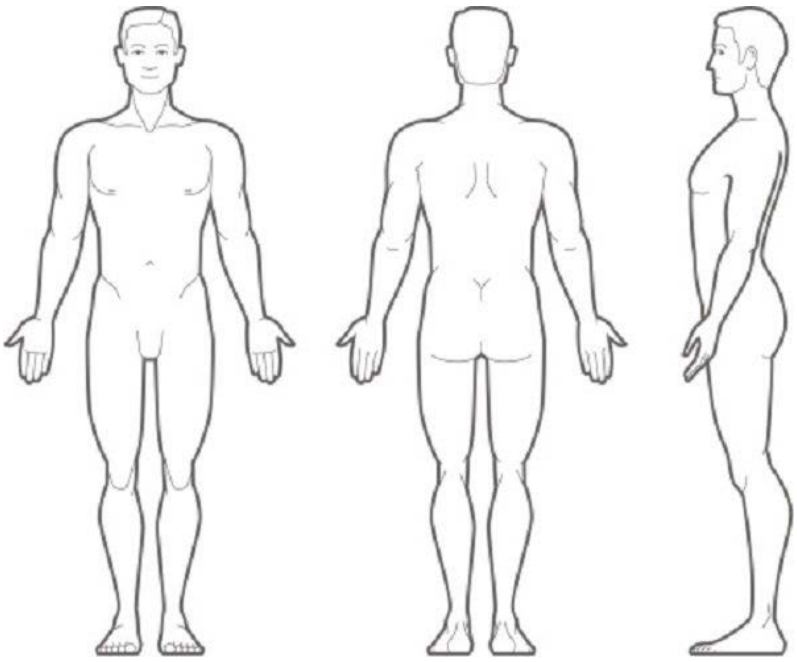
Anxiety ☐ Depression ☐ Cancer ☐ Diabetes ☐

Other: _____

What kind of pressure do you prefer? firm ___ medium ___ light ___ I don't know ___

What areas would you like to focus on: _____

Circle the areas to focus on and put an X on those to avoid:



I confirm that the information that I have provided is accurate and complete to the best of my knowledge. I have not withheld any information that may be relevant to my treatment and/or the results thereof. I am aware that there is often inherent risks associated with skin care services, and the services I am about to receive may cause redness, hyperpigmentation or pimples and these are all normal reactions.

By signing below, I agree that I will not hold Handcrafted Therapy or its employees responsible should there be any unfavorable outcome or result.

Signature: _____ Date: _____

Signature of parent/guardian if client is a minor: _____ Date: _____

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