



**Massage Client Health Intake**

**Please read both sides**

**Client Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Referred By: \_\_\_\_\_

Massage Goals: \_\_\_\_\_

**General Medical Information**

1. Have you had a professional massage before? \_\_\_\_\_ When? \_\_\_\_\_

2. Do you frequently suffer from stress? \_\_\_\_\_

3. Do you have areas of pain or discomfort? \_\_\_\_ Where? \_\_\_\_\_

4. Do you suffer from arthritis? \_\_\_\_\_

5. Do you experience frequent headaches? \_\_\_\_\_

6. Have you recently had surgery? \_\_\_\_\_ Type \_\_\_\_\_

7. Are you pregnant? \_\_\_\_\_ Due Date \_\_\_\_\_

8. Are you currently taking any medications? \_\_\_\_\_

9. Do you have diabetes? \_\_\_\_\_

10. Do you have neuropathy? \_\_\_\_\_

11. Do you any cardiac or circulatory problems? \_\_\_\_\_

11. Do you have varicose veins? \_\_\_\_\_

12. Do you have high or low blood pressure? \_\_\_\_\_

13. Do you have any allergies? \_\_\_\_\_

14. Do you have any skin conditions? \_\_\_\_\_

15. Do you have any sensitivity to oils or lotions (especially nut oils)? \_\_\_\_\_

16. Do you have any respiratory or lung conditions? \_\_\_\_\_

17. Do you have any contagious diseases? \_\_\_\_\_

18. Have you had any accidents or injuries? \_\_\_\_\_
19. Do you have any other medical conditions or current injuries I should be aware of (including cuts, scrapes, bruises, lesions, warts)? \_\_\_\_\_
20. Are you currently under a doctor's, chiropractor's or other health practitioner's care? \_\_\_\_\_
21. Are you sensitive to touch or do you bruise easily? \_\_\_\_\_

**Policies:**

**Cancellation Policy:**

**24 hour advance notice is required** when cancelling an appointment. This allows the opportunity for someone else to schedule an appointment. If you are unable to give us 24 hours in advance you will be charged a **\$25** cancellation fee. This amount must be paid prior to your next scheduled appointment.

**No Show Policy:** Anyone who either forgets or consciously chooses to forgo their appointment for whatever reason will be considered a "no-show". You will be charged for your "missed" appointment and future service will be denied until payment is made.

**Late Policy:** You are responsible for full payment for the time as scheduled. If you arrive late, your time may be shortened at your practitioner's discretion, so that the next client may start on time.

**Tipping Policy:** Tipping is not expected. If you do choose to tip, please do so in the form of cash or write a separate check to the massage therapist.

**Please sign and date:**

**Massage client**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Consent for**

**Minor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_