

MASSAGE: NEW CLIENT INTAKE

Health Information:

Client Name: _____ Date: _____

Date of Birth: _____ Gender: M F

Address: _____

Phone: _____ Email: _____

Referred by: _____

Emergency contact: _____ Phone: _____

Is this massage/bodywork medically necessary (is it for a medical condition, injury, surgery)? Yes No

Do you have a physician referral/prescription? Yes No

Massage Information:

Have you ever received professional massage/bodywork before? Yes No How recently?

What kind of pressure do you prefer? Light Medium Firm

What are your goals/expected outcomes for receiving massage/bodywork? _____

How do you feel today?

EMOTIONALLY: _____ PHYSICALLY: _____

List and prioritize your current symptoms/issues (stress, pain, stiffness, numbness/tingling, swelling, etc.):

Do these symptoms interfere with your activities of daily living (e.g., sleep, exercise, work, childcare)?

Yes No Explain:

List the medications you currently take: _____

Are you wearing contacts? Yes No

Are you wearing a hairpiece? Yes No

Parent or Guardian Signature (in case of a minor): _____ Date: _____