



Massage Intake Form

First Name: Last Name: Phone:

Address: City: State/Zip:

Email: Birth Date:

Emergency Contact: Phone:

How did you hear about us? (We love referrals!)

How do you feel today?

Please explain the reason or benefits you wish to receive from receiving a massage/bodywork today:

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

What types of massage/bodywork do you prefer?

What kind of pressure do you prefer? Light Medium Firm

Do you have any medical concerns or issues?

Do you have any injuries? If yes, please describe.

Have you had any surgeries? If yes, please describe.

Please list any sports or hobbies you participate in:

Occupation: Are you seeking insurance reimbursement? Yes No

Massage/bodywork should not be performed under certain medical conditions. In light of this, I affirm that I have stated all my known medical conditions and have answered all questions honestly and completely. I understand that there should be no liability on the practitioner's part for the aggravation of conditions that were present, but not disclosed, at the time of signing and which may be affected by the massage/bodywork session. Understanding that massage/bodywork is not a substitute medical examination, diagnosis or treatment, I give my consent to receive massage/bodywork..

Print Name: _____

Date: _____

Signature: _____