

Massage Therapy Client Intake Form

Please complete this before your first session. Your answers are confidential and are used only to plan a safe, effective massage. If anything changes before a later visit, tell your therapist.

Practice name

Therapist

1. Your details

Full name

Date of birth

Phone

Email

Emergency contact name

Emergency contact phone

How did you hear about us?

2. Today's visit

What brings you in today?

☐ Relaxation or stress relief

☐ Muscle tension or pain

☐ Injury recovery

☐ Sports or training

☐ Pregnancy

☐ Other (below)

Areas you would like us to focus on

Areas you would like us to avoid

What would make this session a success for you?

3. Massage preferences

Have you had a professional massage before?

☐ Yes

☐ No

Preferred pressure

☐ Light

☐ Medium

☐ Firm

☐ Deep

☐ Not sure, check in with me

Anything that would make you uncomfortable (for example feet, face, scalp, abdomen, glutes)

Anything else we should know (temperature, music, conversation, positioning)

4. Health history

Tick anything that applies now or in the past, then add details below.

☐ High or low blood pressure

☐ Heart condition

☐ Blood clots, DVT or stroke

☐ Varicose veins

☐ Diabetes

☐ Epilepsy or seizures

☐ Cancer (current or past treatment)

☐ Osteoporosis

☐ Arthritis

☐ Fibromyalgia

☐ Numbness or tingling

☐ Headaches or migraines

☐ Recent surgery

☐ Recent injury, sprain or fracture

☐ Skin condition, rash or open wound

☐ Contagious illness or fever

☐ Currently pregnant

☐ Medical device or implant

Details of anything ticked above (for pregnancy, how many weeks)

Current medications and supplements, including blood thinners and any pain relievers taken today

Are you under a doctor's care for any condition? If yes, for what?

5. Allergies and sensitivities

☐ Massage oils or lotions

☐ Nut oils

☐ Fragrance or essential oils

☐ Latex

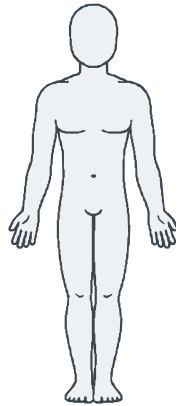
☐ None that I know of

☐ Other (below)

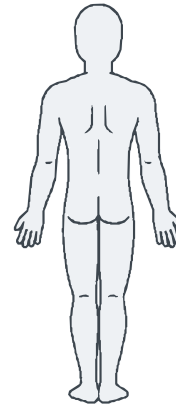
Other allergies or sensitivities

6. Body diagram

Mark the figures: *P* for pain, *T* for tension, *X* for areas to avoid.



Front



Back

7. Consent and policies

Please initial each statement.

_____ I understand massage therapy is not a substitute for medical care, and that my therapist does not diagnose illness or prescribe treatment.

_____ I have disclosed all known medical conditions and will tell my therapist about any change to my health before a future session.

_____ I understand I can ask my therapist to adjust the pressure, change technique or stop the session at any time.

_____ I understand I will be professionally draped throughout, with only the area being worked on uncovered.

_____ I have read the cancellation policy: cancellations with less than [24] hours' notice are charged [50%] of the service price, and missed appointments [100%].

☐ Optional: I agree to receive appointment reminders by text and email.

8. Signature

Client signature

Date

Parent or guardian signature, if the client is under 18

Date