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**MASSAGE (SPA) CLIENT INTAKE FORM**

Disclaimer: Thank you for your interest in being a client of [SPA/THERAPIST'S NAME]. This form is used to collect information about new clients and used for internal purposes only. The information you provide is confidential and will be treated accordingly.

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| **CLIENT INFORMATION** |

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Gender**: [ ]  Male [ ]  Female [ ]  Other

**Street Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip Code**: \_\_\_\_\_\_\_\_

**E-Mail**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about us?

|  |  |
| --- | --- |
| [ ]  - Personal referral[ ]  - Facebook/Instagram[ ]  - YouTube[ ]  - Online advertisement | [ ]  - Twitter[ ]  - Yelp[ ]  - Website/online search[ ]  - Newspaper/Magazine |

If you were referred, please provide their name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **HEALTH INFORMATION** |

**Are you taking any medications?** [ ]  Yes [ ]  No

If yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Any allergies?** (oils, lotions, nuts, fruits, skin, etc.) [ ]  Yes [ ]  No

If yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you pregnant?** [ ]  Yes [ ]  No

If yes, how many months: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Due date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you currently under medical supervision or receiving other medical interventions?** [ ]  Yes [ ]  No

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have any of the following?** (check all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Areas of swelling [ ]  Autoimmune disorder[ ]  Back / neck problems[ ]  Bleeding disorders[ ]  Blood clots[ ]  Bruise easily[ ]  Bursitis[ ]  Cancer[ ]  Contagious condition[ ]  Decreased sensation | [ ]  Diabetes[ ]  Fibromyalgia[ ]  Headaches[ ]  Heart condition[ ]  Hypertension[ ]  Kidney disease[ ]  Multiple sclerosis[ ]  Neurological condition[ ]  Neuropathy[ ]  Osteoarthritis | [ ]  Osteoporosis[ ]  Phlebitis[ ]  Sciatica[ ]  Seizures[ ]  Stroke[ ]  Tendinitis[ ]  TMJ disorder[ ]  Varicose veins[ ]  Vertigo / dizziness |  |

**Areas of broken skin?** (e.g., rash, wounds) [ ]  Yes [ ]  No

If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**History of joint replacement surgery?** [ ]  Yes [ ]  No

If yes, which joint(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Recent injuries or medical procedures in the past 2 years??** [ ]  Yes [ ]  No

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please describe any other injuries or health conditions:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **MASSAGE INFORMATION** |

**Have you had a professional massage before?** [ ]  Yes [ ]  No

How recently? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reason for seeking massage:** [ ]  Relaxation [ ]  Specific problem

**How much pressure do you prefer?** [ ]  Light [ ]  Medium [ ]  Firm

**Please list and describe any areas of discomfort:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **ACKNOWLEDGMENT & RELEASE** |

By signing below, I acknowledge that I am aware of the benefits and risks of massage therapy and that I have completed this form to the best of my knowledge. I also agree to inform my massage therapist of any health or medical changes.

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| **CLIENT SIGNATURE** |

Signature: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_