

Massage Client Intake Form

The Massage Loft is dedicated to protecting your personal information. All information will remain confidential and will not be disclosed to anyone, at any time, without your written consent.

Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Appointment Reminder Preference: Email Text Both

DOB: _____ Age: _____ Height: _____ Weight: _____ Sex: M / F

Have you received massage therapy before? _____

How much water do you drink per day? _____

What medications are you currently using? _____

Previous surgeries/injuries/medications: _____

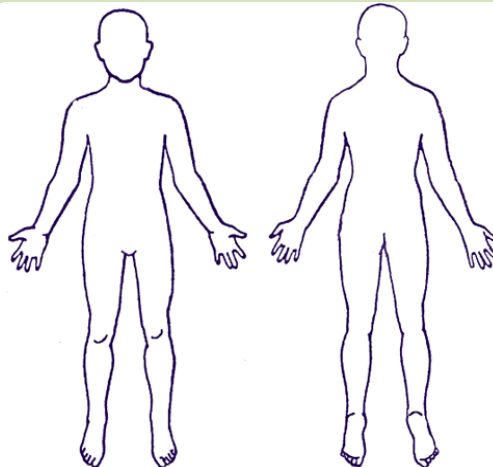
What is your major complaint? _____

Preferred type of touch: Light/Meditative Heavy/Invigorating Deep/Trigger Point

DO YOU HAVE ANY OF THE FOLLOWING TODAY? (Check All That Apply)

- | | | | |
|-------------------------------------|---|---|--|
| <input type="checkbox"/> Sunburn | <input type="checkbox"/> Cuts, Burns, Bruises | <input type="checkbox"/> Inflammation | <input type="checkbox"/> Irritated Skin Rash |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Severe Pain | <input type="checkbox"/> Poison Ivy | <input type="checkbox"/> Cold or Flu |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Arteriosclerosis | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Varicose Veins | <input type="checkbox"/> Hernia | <input type="checkbox"/> Stomach Ulcers |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Cancer | <input type="checkbox"/> Pins/Pacemaker |
| <input type="checkbox"/> Depression | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Contact Lenses | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Musculoskeletal Problems | |

MARK ALL AREAS OF DISCOMFORT



I understand that massage is designed for the purpose of relaxation and relief from tension, muscle spasms or poor circulation. The massage therapist cannot diagnose medical issues/diseases/disorders or perform spine palpitations.

Signature _____ Date _____