Massage Client Intake and Consent Form

Practice name: _____ Therapist: _____ Date: _____

1. CLIENT INFORMATION

Full name _____ Date of birth _____

Phone _____ Email _____

Emergency contact (name and phone) _____

How did you hear about us? _____

2. REASON FOR YOUR VISIT

What would you like to get from today's session?

_____

_____

Have you had a massage before? ☐ Yes ☐ No

Preferred pressure: ☐ Light ☐ Medium ☐ Firm ☐ Deep

Areas you would like me to focus on:

_____

Areas you would like me to avoid:

_____

3. HEALTH HISTORY

Check anything that applies now or applied in the past. This helps your therapist adjust the session. It does not diagnose anything.

☐ Recent surgery or injury

☐ High or low blood pressure

☐ Heart condition

☐ Blood clots or circulation problems

☐ Taking blood thinners

☐ Diabetes

☐ Cancer (past or current)

☐ Skin conditions or open wounds

☐ Allergies (oils, lotions, latex, nuts)

☐ Pregnancy (weeks: ____)

☐ Recent fever or contagious illness

☐ Osteoporosis

☐ Numbness or tingling

☐ Migraines or frequent headaches

☐ Joint or arthritis condition

☐ Other: _____

Current medications and supplements:

_____

Other health care providers you see (optional):

Anything else your therapist should know:

4. COMFORT PREFERENCES

Music: ☐ Yes ☐ No Room temperature: ☐ Cooler ☐ Warmer

Scent: ☐ Fine ☐ Unscented only

You will be properly draped during the session and only the area being worked on is uncovered. You can ask to adjust pressure, stop or change anything at any time.

5. CONSENT AND ACKNOWLEDGMENT

I have completed this form accurately to the best of my knowledge and will tell my therapist about any change in my health. I understand that massage therapy is not a substitute for medical care and is not used to diagnose or treat medical conditions. I understand I may ask to adjust or stop the session at any time. I consent to receive massage therapy from the practice named above.

Cancellation policy (practice to complete): _____

☐ I have read and understand the cancellation policy.

Client signature _____ Date _____

Parent or guardian signature (if client is a minor) _____

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