

Client Intake Form

Not So Fine Print

The Scope of Massage/Bodywork

(Please read, check all the boxes, sign and date.)



Personal Information

Name _____ DOB _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

ICE Contact _____ Phone _____

Massage Intention (Please check YES, if it applies.)

☐ YES - I have had a professional massage before.

☐ YES - I am here for relaxation.

☐ YES - I am here to find relief from pain and/or tension in these areas:

☐ YES - I would like my therapist to AVOID these areas:

Body Health & History (Please check YES, if it applies.)

☐ YES - I have been diagnosed with a chronic illness.

☐ YES - I am taking blood thinners.

☐ YES - I am currently taking pain medications/muscle relaxers.

Medication _____ Last Taken _____

Medication _____ Last Taken _____

☐ YES - I am currently using natural pain management: Marijuana/CBD/THC.

Substance _____ Last Taken _____

Substance _____ Last Taken _____

☐ YES - I have had surgery within the last 3 years.

Surgery _____ Date _____

Surgery _____ Date _____

☐ YES - I have hardware in my body (implants, joint replacements, fusions).

Surgery _____ Date _____

Surgery _____ Date _____

☐ YES - I have had or I am currently receiving oncology treatments.

Type _____ Date _____

Type _____ Date _____

☐ YES - I am currently _____ weeks pregnant.

☐ YES - I have allergies to oils, lotions or ointments: _____

☐ YES - I would like to discuss additional concerns with my therapist.

☐ YES - I understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension.

☐ YES - If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort.

☐ YES - I understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment. I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am concerned.

☐ YES - I understand that massage practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness and that nothing said in the course of the session given should be construed as such.

☐ YES - I understand that massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly.

☐ YES - I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so.

☐ YES - I understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for full payment of the scheduled appointment.

☐ YES - I verify that all information is correct and current to the best of my knowledge. I understand that any information provided is for safety purposes and will be kept strictly confidential, I hereby give my consent to receive massage services and/or other bodywork or treatment.

Client Signature _____ Date _____

Practitioner _____ Date _____