



Massage Therapy Intake Form

Name _____ Phone Number _____

Address _____ City/State/Zip _____

Email _____ DOB _____

Occupation _____ Activites _____

Emergency Contact _____ Relationship _____ Phone _____

How did you hear about us? _____

Medical Information:

Are you taking any medications? If so, please list them _____

Are you currently Pregnant? _____ Do you suffer from chronic pain? _____

Have you had any Orthopedic injuries? Please list _____

Any Allergies or sensitivities? _____

Have you had a professional massage before? _____

What pressure do you prefer? Light _____ Medium _____ Deep _____

What are your goals for this treatment session? _____

Please circle any of the following that apply to you:

Cancer/Headaches/Migraines/Arthritis/Diabetes/Joint Replacements/High/Low Blood pressure

Neuropathy/Fibromyalgia/Stroke/Heart Attack/Kidney/Dysfunction/Blood Clots/ Numbness/ Sprains or strains

CANCELLATION POLICY

Appointments should be cancelled 24 hours prior to service. If the appointment is cancelled after the 24 hour mark, your card on file will be charged. First time cancellation fee is \$50, second time cancellation fee is \$100, and third or more cancellation fee is the cost of the service.

Cancellation fee for Tox appointments is \$50.

Cancellation fee for filler appointments is \$100.

By signing below, you agree to the following. I have completed this form to the best of my ability and knowledge. I agree to inform my therapist in any of the above information changes at any time.

Client Signature _____ Date _____