

## Client Intake Form



**TRANQUIL SOLE**  
— M A S S A G E —

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Were you referred by someone? Who? \_\_\_\_\_

**The following information will be used to help plan safe and effective massage sessions. Please answer the questions to the best of your knowledge.**

Have you had a professional massage before? Yes No

If yes, how often do you receive massage therapy? \_\_\_\_\_

Do you have any difficulty lying on your front, back, or side? Yes No

If yes, please explain \_\_\_\_\_

Do you have any allergies to oils, lotions, or ointments? Yes No

If yes, please explain \_\_\_\_\_

Do you have sensitive skin? Yes No

Do you sit for long hours at a workstation, computer, or driving? Yes No

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

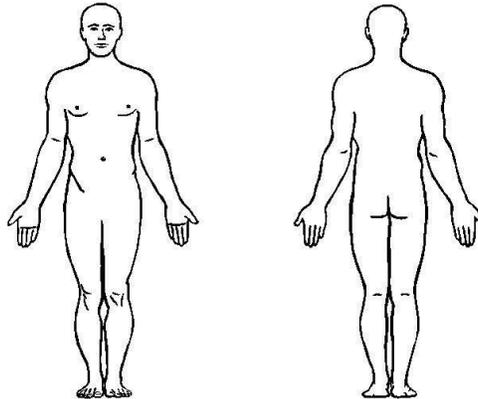
Do you perform any repetitive movement in your work, sports, or hobby? Yes No

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

Do you have any particular goals in mind for this massage session? Yes No

If yes, please explain \_\_\_\_\_

Circle any specific areas you would like the massage therapist to concentrate on during the session



### Medical History

**In order to plan a massage session that is safe and effective, I need some general information about your medical history.**

Have you had any surgeries? Yes No If yes, please list

(continued on other side)

Do you see a chiropractor? Yes No If yes, how often?

Are you currently taking any medication? Yes No If yes, please list

**Please circle any condition listed below that applies to you:**

allergies/sensitivity	heart condition
artificial joint	hemophilia
cancer	high or low blood pressure
circulatory disorder	implants of any kind
deep vein thrombosis/blood clots	neuropathy
diabetes	osteoporosis
easy bruising	pregnancy - if yes, how many months?
epilepsy	recent accident or injury
fever	skin infections/open sores/wounds
fibromyalgia	sprains/strains
headaches/migraines	varicose veins

Is there anything else about your health history that you think would be useful for your massage practitioner to know to plan a safe and effective massage session for you?

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Draping will be used during the session – only the area being worked on will be uncovered.  
Informed written consent must be provided by parent or legal guardian for any client under the age 17.

**Cancellation Policy:** I understand that life happens! Cancel or reschedule at least 24 hours prior to your appointment, so that someone else may take that session time. Your card on file will be charged 100% of your appointment fee with less than 24 hours' notice.

I, \_\_\_\_\_ **(print name)** understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this massage session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see my physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage therapists 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. Because 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. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so. I understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session. I also understand that the Licensed Massage Therapist reserves the right to refuse to perform massage on anyone whom she deems to have a condition for which massage is contraindicated.

**Signature of client** \_\_\_\_\_ **Date** \_\_\_\_\_