



MESSAGE INTAKE FORM

DATE : _____

Name _____ Date of birth _____

Address _____

City, State, Zip _____ Occupation _____

Phone: _____ Email Address: _____

Emergency Contact (Name, #) _____

Referred by (Name, Flyer, Ad, website, etc.): _____

List any exercise activities. Include frequency: _____

Would you like help with your diet or a suggested nutrition plan? Yes No

Would you like information about our personal training, triathlon coaching, or endurance training services? Yes No

Health / Medical History		
Are you taking any prescribed medications?	YES NO	Comment:
Do you have any disc disorders?	YES NO	Comment:
Are you taking any known blood thinners or pain relievers?	YES NO	Comment:
Do you have any known allergies?	YES NO	Comment:
New Conditions (Are you experiencing, or do you have any of the following): Circle all that apply		
Cold / Flu	Burns / Sunburn	Headaches
Fever	Numbness / Tingling	Panic Attacks
Infections	Skin Conditions/Warts	Depression / Anxiety
Pregnancy	Sprains / Strains	Digestive Disorders
Contagious Conditions	Injection Sites	Cuts/Bruises
Arthritis / Tendonitis	Muscular/Skeletal Disorders	New Tattoos/Piercings
Have you ever been diagnosed with, or been advised to seek treatment for: Circle all that apply		
High / Low Blood Pressure	Liver / Gall Bladder Conditions	Diabetes / Low Blood Sugar
Stroke	Aneurysm	Disc Disorders
Osteoporosis	Lymphatic Conditions	Nerve Disorders
Heart Disease	Cancer	Seizure Disorders
Kidney/Bladder Conditions	Reproductive System Conditions	Chronic Respiratory Conditions
Anemia/Blood Disorders	Chronic Sinus Conditions	Asthma
Any other conditions not mentioned above?		

Have you ever had any:
Hospitalizations and/or Surgeries YES NO
Accidents and/or Injuries YES NO
Broken and/or Dislocated Bones YES NO
If Yes, Please Explain (Include Dates):

Have you received massage therapy before?
YES NO
Date of last session:
Likes/Dislikes:

TREATMENT REQUESTS: What specific body areas would you like to focus on today?

Please check all the areas of the body that you give permission to be massaged.

All Back Legs Glutes Arms Abdomen Chest Neck Head Face Feet

Before your session, please read and sign below:

Consent for massage therapy treatment.

Massage therapy is provided for the basic purpose of relaxation, stress reduction and relief of muscular tension. Massage therapy services are designed to be a health aid and in no way are meant to take the place of a physician's care. Information exchanged during a massage session is educational in nature and is intended to help me become more familiar and conscious of my own health status and is to be used at my own discretion.

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 and I understand that it is my responsibility to keep the therapist updated as to any changes in my medical profile.

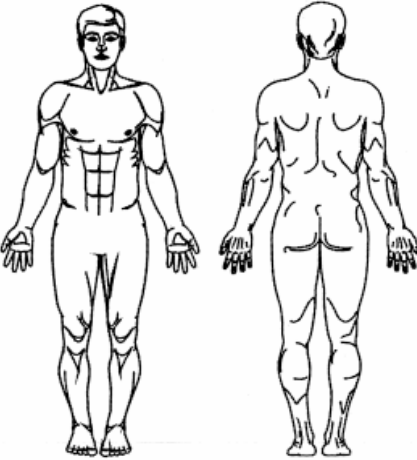
I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session.

Payment is due when services are rendered unless other arrangements have been made prior to my appointment.

Cancellation Policy

You must provide at least a 24 hour notice when cancelling or rescheduling an appointment. Failure to contact us at least 24 hours before and/or not showing up for your scheduled appointment will result in a cancellation/no show fee. You will be charged the full rate for the scheduled service to cover business and employee expenses for the allotted time.

Signature: _____ Date: _____



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