

# Massage Intake Form

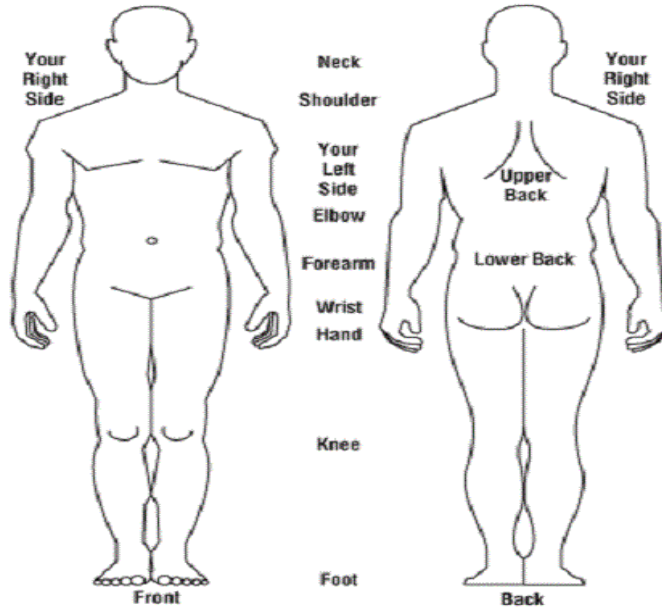
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address \_\_\_\_\_  
 State \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Have you ever received massage therapy? \_\_\_\_\_ Occupation \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Are you currently seeing a healthcare professional? \_\_\_\_\_

Do any of the following apply to you today:

\_\_\_ Open Cuts \_\_\_ Injury \_\_\_ Cold/Flu \_\_\_ Anything Contagious?  
 Have you had a fever in the last 24 hours of 100°F or above? \_\_\_\_\_  
 Do you now, or have you recently had, any respiratory or flu symptoms, sore throat, or shortness of breath? \_\_\_\_\_  
 Have you been in contact with anyone in the last 14 days who has been diagnosed with COVID-19 or has coronavirus-type symptoms? \_\_\_\_\_  
 Have you travelled out of state in the last 14 days? \_\_\_\_\_

Please check the conditions that apply to you      Please indicate any areas of discomfort

Broken/Dislocated Bone \_\_\_  
 Skin Condition \_\_\_  
 Chronic Pain \_\_\_  
 Whiplash \_\_\_  
 Low/High Blood Pressure \_\_\_  
 Heart Conditions \_\_\_  
 Blood Clots \_\_\_  
 On Blood Thinner \_\_\_  
 Bruise Easy \_\_\_  
 Headaches \_\_\_  
 Muscle Sprain/Strain \_\_\_  
 Pregnant \_\_\_ & \_\_\_ Weeks



- Responses to experience during the massage may include:
- The need to move/change positions • Signing/Yawning • Stomach gurgling • Emotional feelings/Memories • Falling asleep •

I understand massage therapy can be very therapeutic, relaxing, & reduces muscle tension, but is not a substitute for medical examination & treatment.

This is a therapeutic massage and any sexual remarks or advances will terminate the session and I will be liable for full payment.

On occasion, massage should not be done under certain medical conditions; I affirm I have answered all medical questions truthfully.

I understand that, because massage therapy work involves maintained touch and close physical proximity over an extended period of time, there may be an elevated risk of disease transmission, including COVID-19. By signing this form, I acknowledge that I am aware of the risks involved and give consent to receive massage and bodywork from this practitioner.

Signature \_\_\_\_\_

Date \_\_\_\_\_