



Massage and Stretch Therapy Intake Form

Name: _____ Date: _____ Referred By: _____
Address: _____ Phone – Day: _____
City/State/Zip: _____ Phone – Eve: _____
Birthday: _____ Occupation/Employer: _____
Email Address: _____

Massage and Stretch History

Have you ever received a professional massage? ___ Yes ___ No If yes, frequency: _____ Last Massage _____
What results do you want from your massage sessions? _____

Desired Pressure: Light _____ Firm _____ Deep _____
Prioritize the areas of your body that you would prefer to be massaged. _____
Please check the areas of your body that you give permission to receive massage:
 Back Legs Buttocks Arms abdomen Pecs/chest Neck Head face _____
List stress reduction and exercise activities. Include frequency. _____
How often do you stretch? _____ Areas you feel are tightest in your body: _____

Medical History

Please list any recent injuries, illnesses, or surgeries: _____

Are you currently under the care of a physician? Yes _____ No _____

If yes, please explain. _____

List current medications, including aspirin, ibuprofen, etc. _____

Please check all that apply

_____ Cancer: Type _____	_____ Hi/Low Blood Pressure	_____ TMJ
_____ Migraines/Headaches	_____ Immovable Joints	_____ Tendonitis
_____ Back Problems	_____ Cold Hands/Feet	_____ Bruise Easily
_____ Sciatica	_____ Sinus Problems	_____ Allergies
_____ Osteoporosis	_____ Neck Problems	_____ Fibromyalgia
_____ Diabetes	_____ Arthritis/Bursitis	_____ Carpal Tunnel

Do you have any chronic or frequent pain? _____

Are you pregnant? _____ If yes, how far along are you? _____

The above information is accurate and true to the best of my knowledge. If there are any changes in my current level of health, I will inform the proper health care providers of my condition. I understand that the massage therapist does not diagnose illness or disease, does not prescribe medications, and that spinal manipulations are not part of massage therapy. If, for any reason cancellation is necessary, I will give a 24-hour notice. I understand that if I do not give this notice, I will be charged for the appointment unless it can be filled. Emergency cancellations will be determined by my therapist.

Signature _____

Date _____