NBalance
holistic wellness spa

CLIENT INTAKE FORM – THERAPEUTIC MASSAGE

Name_____ Phone_____

Email_____ Date of Birth_____

Street Address_____

City/State/Zip_____

Occupation_____

Emergency Contact Name and Phone_____

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

Do you have any difficulty lying on your front, back or side? If Yes, explain_____

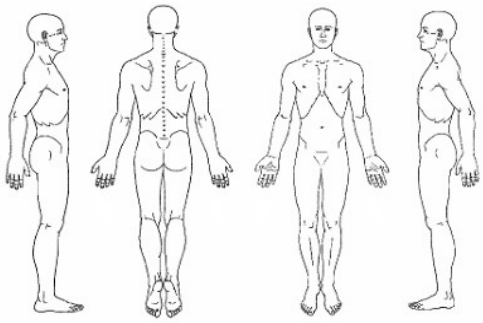
Do you have any allergies to oils, lotions, or ointments? If yes, specify_____

Have you had any accident, injury, or recent illness? If yes, explain_____

_____

Is there a particular of your body that you are experiencing tension, stiffness, pain, or discomfort? YES NO

If yes, please circle any specific areas you would like the therapist to concentrate on during your session.



Are you currently under medical supervision? If yes, explain_____

Are you taking any medications for any medical condition? If yes, please list_____

_____

Please circle any condition that applies to you: contagious skin condition | open sores or wounds | heart condition

recent injury/accident | varicose veins | deep vein thrombosis/blood clots | diabetes | cancer | pregnancy

Please explain any condition circled above_____

Any other pertinent medical history that would be useful to your therapist?_____

Draping will be used during the session; only the area treated will be uncovered. Clients under age 18 must be accompanied by a parent/legal guardian during the entire session or informed written consent must be provided.

I, _____ (print name), understand that massage is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during a session I will immediately inform the therapist. I understand any suggestions made in the course of a session should not be construed as a diagnosis or prescription. Massage should not be performed under certain medical conditions and I affirm that I have stated all known medical conditions, answering questions honestly. I agree to keep the therapist updated of any changes to my medical profile and that there shall be no liability on the therapist should I fail to do so.

_____ _____ _____ _____

Massage Client Signature **Date** **Massage Therapist Signature** **Date**