

Health Intake

Client Name:

DOB:

Date:

Address:

Phone:

Have you received massage before? If so, frequency and type. Likes/dislikes?

Describe any current or past medical conditions, illnesses or health challenges (dates).

Are you pursuing treatment for any of the above?

Are you taking any medications?

Describe any injuries, surgeries, car accidents, traumas you've experienced (dates & treatment).

Do you have any skin conditions or allergies?

Are you pregnant or trying to become pregnant?

What are your typical weekly activities? (occupation, exercise...)

What would you like from today's session?

Would you like me to add you to my mailing list?

Do you have any questions or would you like to tell me anything else about yourself?

I understand that it is my choice to receive massage therapy. I have stated all medical conditions that I am aware of and will update this health form if there are any changes in my health status. I aim to be on time for my appointments and realize that my appointment time will not be extended if I come late out of respect to other massage clients scheduled after me.

Signature: _____

Date: _____