



Massage Intake Form - CONFIDENTIAL INFORMATION

Name _____ Date of Birth _____

Address _____ City _____ State _____

Home Phone _____ Other Phone _____

Are you currently taking medications? _____ Please list medications and reasons:

Please list below any injuries, surgeries, or other health conditions that affect, or have affected your health:

Please read the following information and sign below:

1. Massage therapy can be very therapeutic. It isn't, however, a substitute for a medical examination, diagnosis, and treatment.
2. Being that massage should not be done under certain medical conditions, I affirm that I have answered all questions pertaining to medical conditions truthfully and completely.

Signature _____ Date _____

If client is under 18 years old, a parent or guardian must sign this form on client's behalf, affirming that information entered on this form is accurate and complete and to acknowledge that massage will be provided in accordance with details provided above.