



Client Intake Form

(CONFIDENTIAL INFORMATION)

Full Name

Date

Email

Phone

How did you hear about us?

Do you want us to email you promotions?

Have you ever received massage therapy? Yes No

Are you pregnant? Yes No

Are you sensitive to any fragrance or coconut oil?

Describe: _____

Do you have any medical history that we need to be aware of?

Describe: _____

Please indicate your desired massage pressure

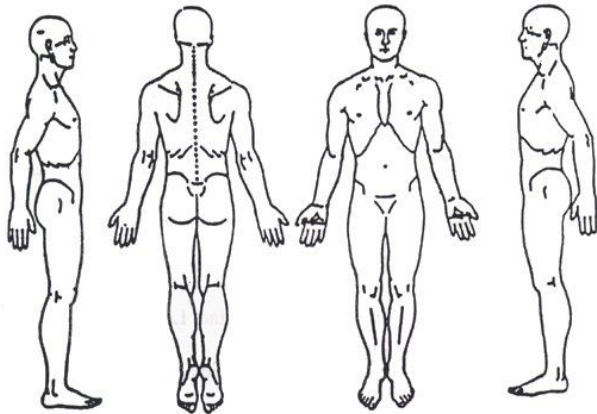
Light/Soft Medium Firm Deep Very Deep

Do you have any of the following today?

Sunburn Open cuts, bruises, burns
 Severe Pain Irritated Skin Rash

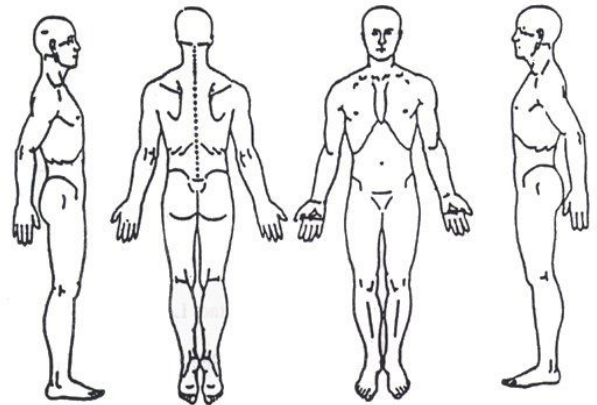
Focus Areas

Please circle the areas you are feeling discomfort and wish your therapists to spend more time on



Avoid Areas

Please indicate with an (X) the areas you are feeling sensitive or do not wish to be massaged



Please read the following and sign below:

- I understand that this massage is not a replacement for medical care and that no diagnosis will be made.
- I understand the risks associated with massage therapy include, but are not limited to: • Superficial bruising • Short-term muscle soreness • Exacerbation of undiscovered injury I therefore release the company and the individual massage therapist from all liability concerning these injuries that may occur during the massage session
- I understand the importance of informing my massage therapist of all medical conditions including pregnancy and medications I am taking, and to let the massage therapist know about any changes to these. I understand that there may be additional risks based on my physical condition.
- I understand that it is my responsibility to inform my massage therapist of any discomfort I may feel during the massage session so he/she may adjust accordingly.
- I understand that I or the massage therapist may terminate the session at any time.
- I have been given a chance to ask questions about the massage therapy session and my questions have been answered.

Date _____ Signature _____