

## New Client Intake Form

### Contact Information:

- Full Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email (optional): \_\_\_\_\_
- Emergency Contact (Name & Phone Number):  
\_\_\_\_\_

### Health History:

- Do you have any chronic conditions or illnesses? (Yes/No) If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Do you have any surgical implants? (Yes/No) (Glucose monitor or insulin pump, pacemaker, stent, joint replacement etc.) If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Have you had any recent surgeries, injuries, accidents or hospitalizations? (Yes/No) If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Do you have any allergies (to oils, lotions, or certain materials)? (Yes/No) If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Are you taking any medication? (Yes/No) If yes, please list all:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Consent:** I understand that massage therapy is not a substitute for medical care, and I have disclosed any known medical conditions or concerns. I agree to inform my massage therapist of any changes to my health history, and I consent to treatment based on the information I have provided above.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_