

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: _____