

Client Intake and Health Information Sheet

Name:

Address:

City:

State:

Zip:

Daytime Phone#

Evening Phone#

Email(optional for weekly newsletter/schedules):

Date of Birth:

Occupation:

In Case of Emergency, Please Notify:

Name:

Telephone:

Relationship:

How did you hear about me?

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What brings you to me today? List any major complaint or condition you want to improve through massage therapy.

Are there any medical issues at the present time?

Please list (date and describe) any recent accidents or surgeries:

Do you receive any other therapies?

Is there anything to avoid?

Pregnant?

Allergies?

Skin rashes?

Please feel free to list any other details regarding your health and well-being:

Therapist cannot by law diagnose any condition. Therapist may decide not to work with client without clearing from physician if sign of medical condition is apparent during session.

Client signature:

date:

Therapist signature:

date: