

Client Health Intake Form

Name: _____ Date: _____ DOB: _____

Address: _____ City, ST, Zip: _____

Phone: (H) _____ (W) _____ (C) _____

Email: _____ Occupation: _____

Referred by: _____ Physical activities: _____

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Have you received a professional massage before? Yes No

How long ago and how often do you receive massage? _____

Are you currently under a doctor's care? Yes No

For what conditions? _____

Are you currently taking any medications? Yes No

For what conditions? _____

Please circle the number which best describes your stress level.

(low) 1 2 3 4 5 6 7 8 9 10 (high)

Please circle the number which best describes your general health.

(poor) 1 2 3 4 5 6 7 8 9 10 (great)

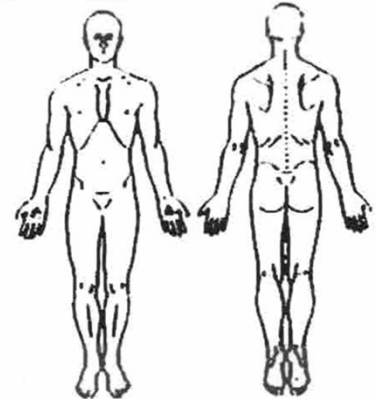
Please circle the number which best describes how you feel today.

(poor) 1 2 3 4 5 6 7 8 9 10 (great)

Please circle the number for your preferred massage pressure.

(light) 1 2 3 4 5 6 7 8 9 10 (deep)

Mark (x) any problem areas



Where are you feeling pain or discomfort today? _____

What do you hope to gain from a massage? _____

(Turn over for page 2)

Please indicate (√) any condition you have had in the past or currently have.

	Past	Date	Present	Details
Allergies				
Arthritis				
Broken bones or fractures				
Cancer				
Muscle strains or tears				
Pregnancy				
Skin conditions				
Smoking				
Surgeries				

Cancellation policy: Please allow 24 hours notice if you need to cancel or reschedule an appointment.
No-shows will be charged a 100% fee and late cancellations will be charged a 50% fee.

I understand that massage at Phoenix Rising Massage Therapy is strictly non-sexual. Any lewd or inappropriate behavior will result in immediate termination of the session.

I acknowledge that all the information on this form is complete and accurate. By signing below, I hereby waive and release Phoenix Rising Massage Therapy from all liability.

Client Signature: _____ Date: _____