New Client Intake Form

Date

D BEST MASSAGE

Name ______________________________________

Email ______________________________________

Date of Birth ________________

Phone __________________________ __________________________

Primary Phone Cell Phone

Address____

Street City State Zip

Occupation____

Emergency Contact ____

Name Phone Number

How did you hear about us:____

Describe your goals of massage therapy (i.e. stress relief, pain relief, increased wellness) __________

____

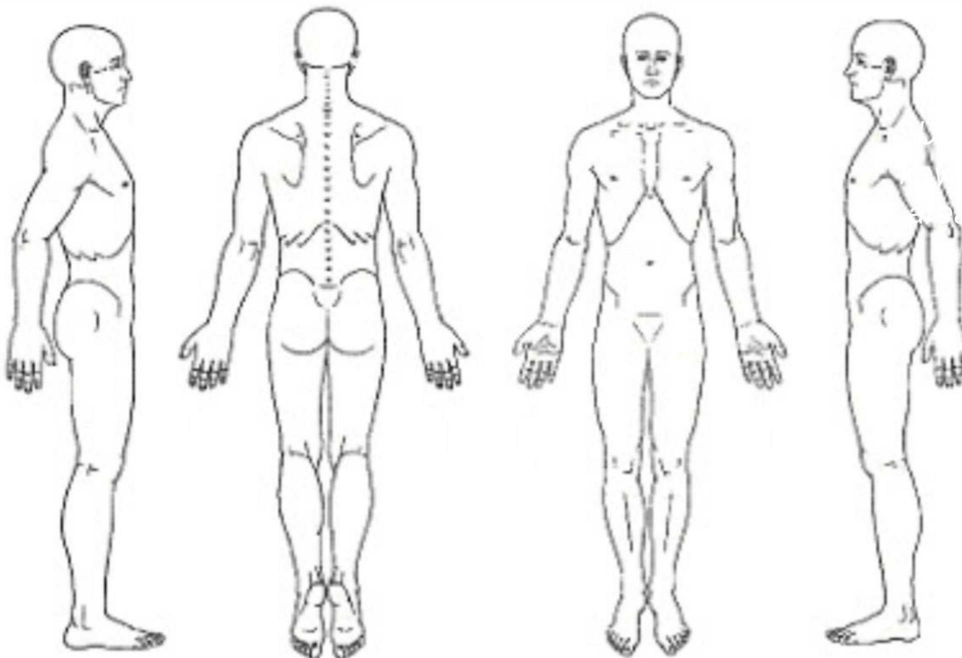
Current stress level between 1 (low) and 10 (high). __________

What type of physical fitness do you partake in/how often?__________________________________

____

Do you have pain in certain areas? Please list. ____

Please Circle any area of discomfort.



Please check any conditions that you have.

☐ Arthritis	☐ Carpal tunnel	☐ Asthma	☐ Swelling/Edema
☐ Slipped, ruptured, herniated disc	☐ Fibromyalgia/Chronic Fatigue Syndrome	☐ Nervous System Disorders	☐ Heart attack/heart condition
☐ Epilepsy/ Seizures	☐ High/Low blood pressure	☐ Hypoglycemia	☐ Infections
☐ HIV/AIDS	☐ Depression	☐ Smoker	☐ Sensitive skin
☐ Diabetes	☐ Sciatica	☐ Blood clots	☐ Migraines/headaches
☐ Osteoporosis/ Osteoarthritis	☐ TMJ	☐ Muscle tightness	________________
☐ Tendonitis	☐ Lyme Disease	☐ Varicose veins	________________
☐ Pregnant	☐ Lupus	☐ Sprains/strains	________________

Have you ever had cancer? ☐ Yes ☐ No If yes, provide types and dates: ______________________

____

Any recent injuries or other health issues?____

____

Any medications and/or allergies?____

I realize that I, the client, am responsible for keeping my massage therapist informed of any condition or health issue that may affect this bodywork session. The information shared on this form and during each session is kept confidential between the therapist and myself. I, the client, understand that massage is a form of health and wellness maintenance, which may facilitate various types of healing, however, is not intended to replace medical treatment if otherwise necessary. Any suggestions made by the massage therapist in relation to any health issues are recommendations and not prescriptions.

The Art of Massage does not handle insurance claims; however we are glad to give you a receipt for your keeping. If any copies of records are requested, an administrative fee will be charged.

A gentle reminder: Please call 24 hours *prior* to scheduled appointment to avoid paying the full fee of the scheduled session. (First time emergencies and illness will be taken into consideration). The full fee must also be paid for not showing up at all. Please arrive on time for your session to receive the full benefit.

The D BEST of Massage therapists provide non-sexual massage. The therapist can terminate the session at any given time if direct or indirect suggestions are made that place the therapist in an uneasy situation. Full payment will be expected.

I understand and agree to the terms above.

Signature ____Date________________________