



Massage Client Intake Form

PERSONAL INFORMATION

Name: _____ Date: _____
DOB: _____ Age: _____
Sex: _____ Height _____ Weight: _____

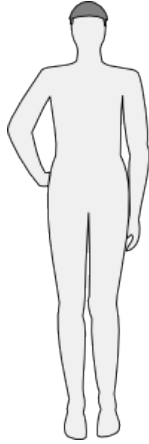
HISTORY

Exercise Frequency: _____
Do you smoke? _____ Have you ever smoked? _____ How Often? _____
How much water do you drink per day? _____
What medications are you currently using? _____
Previous complaints/surgeries/medications: _____
What is your major complaint? _____
Have you received massage therapy before? _____
Goals for massage therapy today? Relaxation Rehabilitation High activity level maintenance
Preferred type of touch: Light/Meditative Heavy/Invigorating Deep/Trigger Point

DO YOU HAVE ANY OF THE FOLLOWING TODAY? (Check All That Apply)

- | | | | |
|-------------------------------------|---|---|--|
| <input type="checkbox"/> Sunburn | <input type="checkbox"/> Cuts, Burns, Bruises | <input type="checkbox"/> Inflammation | <input type="checkbox"/> Irritated Skin Rash |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Severe Pain | <input type="checkbox"/> Poison Ivy | <input type="checkbox"/> Cold or Flu |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Arteriosclerosis | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Varicose Veins | <input type="checkbox"/> Hernia | <input type="checkbox"/> Stomach Ulcers |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Cancer | <input type="checkbox"/> Pins/Pacemaker |
| <input type="checkbox"/> Depression | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Contact Lenses | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Musculoskeletal Problems | |

MARK AREAS OF DISCOMFORT



I understand that massage is designed for the purpose of relaxation and relief from tension, muscle spasms or poor circulation. The massage therapist cannot diagnose medical issues/diseases/disorders or perform spine palpitations.

Signature

Date

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