Massage Treatment Intake Form

Client Information:

- **Full Name: ____**
- **Date of Birth: ____**
- **Contact Number: ____**
- **Email Address: ____**

Treatment Preferences:

- **Preferred Duration: ____**
- **Specific Areas to Treat: ____**

Health Details Table:

Condition	Check	Details	Therapist Notes
Chronic Pain	☐		
Skin Conditions	☐		
Recent Surgery	☐		
Other Health Concerns	☐		

Acknowledgment:

☐ **I understand the benefits, potential risks, and consent to treatment based on the information provided.**

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Signatures:

Client Signature: ___________________________________ Date: __________

Therapist Signature: ____________________________________ Date: __________

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