

# Spa Massage Intake Form

## Personal Details:

- Name: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

## Massage History:

- Have you received professional massages before? [Yes/No]
- If yes, how frequently? \_\_\_\_\_

## Current Wellness:

- Do you have any chronic pain areas? [Yes/No] If yes, please specify:  
\_\_\_\_\_
- Are you pregnant? [Yes/No]
- Do you experience stress-related symptoms? [Yes/No]

## Preferences Table:

Preference	Select	Details	Notes
Pressure Level	<input type="checkbox"/> Light	<input type="checkbox"/> Medium <input type="checkbox"/> Firm	
Preferred Scents	<input type="checkbox"/> Lavender	<input type="checkbox"/> Peppermint <input type="checkbox"/> Unscented	
Room Temperature	<input type="checkbox"/> Warm	<input type="checkbox"/> Cool <input type="checkbox"/> Neutral	

<b>Time Preference</b>	<input type="checkbox"/> <b>Morning</b>	<input type="checkbox"/> <b>Afternoon</b> <input type="checkbox"/> <b>Evening</b>	
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**Acknowledgment:**

I understand the benefits and risks of massage therapy and consent to the session under these terms.

**Signatures:**

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Therapist Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_