

Therapeutic Massage Intake Form

Client Information:

- Name: _____
- Contact Number: _____
- Emergency Contact Name: _____
- Emergency Contact Number: _____

Medical History:

- Do you have a history of injuries? [Yes/No] If yes, please describe:

- Are there specific conditions being treated with this massage? [Yes/No] If yes, specify: _____

Goals for Therapy:

- What would you like to achieve from today's session?

- Are there specific areas of tension or discomfort?

I confirm that the above information is accurate and agree to proceed with therapeutic massage.

Signatures:

Client Signature: _____ Date: _____

Therapist Signature: _____ Date: _____