

Blue Bird Salon Massage Intake Form

Name \_\_\_\_\_ Today's Date: \_\_\_\_\_

First: \_\_\_\_\_ Last: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_ Apt. No: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_(\_\_\_\_)\_\_\_\_\_ Cell Phone: \_(\_\_\_\_)\_\_\_\_\_

E-mail Address: \_\_\_\_\_

What is your preferred method of contact? \_\_\_\_\_

Occupation \_\_\_\_\_

Emergency Contact

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number :\_(\_\_\_\_)\_\_\_\_\_

Have you previously received professional massage? Y / N If so, how often? \_\_\_\_\_

Are you currently pregnant? Y / N

What are some goals you would like to accomplish through massage therapy? \_\_\_\_\_

Do you have any pain or discomfort on a regular basis? If so, please describe: \_\_\_\_\_

Describe any surgeries, hospitalizations, accidents, or injuries you have had and when they occurred:

Please list all current illnesses, disabilities, and allergies: \_\_\_\_\_

Please list any medications or supplements you are currently taking: \_\_\_\_\_

I understand that the massage I receive is meant for the basic purpose of relaxation and relief of muscular tension. It is not intended to replace medical care, diagnosis, or treatment, and anything said during the session is not to be construed as such. If I experience any pain or discomfort during the session I will immediately inform the practitioner so the strokes/ pressure can be adjusted to my comfort level. Because massage should not be performed under certain medical conditions I affirm that I have stated all my known medical conditions and answered all questions honestly. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session and I will be liable for full payment of the service. Understanding all of this, I give my consent to receive care.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Therapist Signature \_\_\_\_\_ Date \_\_\_\_\_