client intake form

name _____ date of birth _____

address _____

city _____ state _____ zip code _____

home phone _____ mobile phone _____

email _____

day before reminder? yes ☐ no ☐ phone ☐ email ☐

referred by _____

massage therapy goals

please check two or more

- ☐ improve range of motion
- ☐ improve biological function
- ☐ pain relief
- ☐ stress management
- ☐ improve energy
- ☐ improve posture

massage preferences

- ☐ weekly ☐ monthly ☐ as needed
- ☐ other _____
- ☐ music? if yes, types of music to avoid? _____

conversaton level (please circle a nmber below)

0 1 2 3 4 5 6 7 8 9 10

desired medium? ☐ lotion ☐ all natural lotion ☐ jojoba oil ☐ grapedseed oil ☐ lotion w/ essential oils ☐ other

massage experience

What are your goals with massage therapy? _____

Have you had a professional massage before? ☐ yes ☐ no

If yes, what type of massage? _____

Have you had energy work before? ☐ yes ☐ no

If yes, what type of energy work? _____

medical information

Do you have sensitive skin? ☐ Yes ☐ No

Do you have any allergies to oils,lotions or ointments? ☐ Yes ☐ No

If yes, describe _____

Prescriptions: _____

Herbal/Home Remedies: _____

Regular Vitamins: _____

Current Therapies/Treatments: _____

Medical Condition(s) you feel the therapist should be aware of:

MOUNTAIN MASSAGE