

Blue Bird Spa 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 _____