

Massage Therapy Intake Form (Clinic-Ready Template)

Client Information

Full Name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email Address: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Health History

Are you currently under medical care?

Yes No

If yes, please explain:

Are you taking any medications?

Yes No

If yes, list medications:

Have you had massage therapy before?

Yes No

If yes, when was your last session?

Current Conditions (Check all that apply)

- Neck Pain
 - Back Pain
 - Shoulder Pain
 - Headaches / Migraines
 - Stress / Anxiety
 - Arthritis
 - Pregnancy
 - High Blood Pressure
 - Diabetes
 - Recent Surgery
 - Injury / Accident
 - Other: _____
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Areas of Concern

Please mark areas needing attention:

Pressure Preference

Preferred pressure level:

- Light
 - Medium
 - Firm
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Goals for Today's Session

- Relaxation
 - Pain Relief
 - Injury Recovery
 - Improve Mobility
 - Stress Reduction
 - Other: _____
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Consent for Treatment

I understand that massage therapy is intended for relaxation and relief of muscle tension. I acknowledge that massage therapists do not diagnose illness or disease, and nothing said during the session should be interpreted as medical advice.

I will inform the therapist of any discomfort during the session.

Client Signature: _____

Date: _____

Therapist Signature: _____

Date: _____

Optional Additions

You may also include:

- Consent to treatment
- HIPAA privacy acknowledgement
- Cancellation policy agreement
- Payment responsibility agreement