



Massage Intake- Please Print Clearly

Name: _____ Today's Date: _____
Address: _____ Date of Birth: _____
City: _____ State: _____ Zip: _____ Email: _____
Phone:(C) _____ (Other): _____ Opt in for text reminders?:
Emergency Contact (Name and Phone Number): _____
How did you hear about Whole Body Balance? _____

MEDICAL AND HEALTH INFORMATION

Are you currently under medical care? **Yes / No**

Physician's Name: _____ Do you see a Chiropractor? **Yes / No**
If yes, please explain: _____ Do you see an Acupuncturist? **Yes/No**
List all current medications: _____ If yes, how often? _____

Have you ever received a professional massage? **Yes / No** If yes, how often? _____
Any area you do not want worked? _____ Favorite area to be worked? _____
Massage pressure preference please specify: **Light / Medium / Firm / Deep Pressure**
Preferred conversation level during your massage: **Minimal / Medium / Talkative**

Do you have any allergies and/or skin sensitivities? (Our lotion/ oils may contain nuts) **Yes / No**
If yes, list: _____

Do you exercise or participate in any sports and or yoga? **Yes / No**
If yes, please specify: _____

Do you have any chronic pain areas? **Yes / No**
If yes, please describe: _____

Have you recently suffered an acute injury or have any areas of inflammation? **Yes / No**
If yes, please describe: _____

Any range of motion difficulty? **Yes / No**
If yes, location: _____

What position do you sleep? **Side Stomach Back All Over** Are you **left** or **right** handed?

Please indicate any condition(s) that you've had in the past or currently have:

- | | |
|---|--|
| <input type="checkbox"/> Headaches, migraines | <input type="checkbox"/> Blood clots |
| <input type="checkbox"/> Allergies, sensitivity | <input type="checkbox"/> Neck/back injuries |
| <input type="checkbox"/> Arthritis, tendonitis | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Cancer, tumors | <input type="checkbox"/> Paralysis |
| <input type="checkbox"/> TMJ problems | <input type="checkbox"/> Fibromyalgia |
| <input type="checkbox"/> Abnormal skin condition | <input type="checkbox"/> Numbness |
| <input type="checkbox"/> Heart/circulation problems | <input type="checkbox"/> Sprains/strains |
| <input type="checkbox"/> Joint replacement/ surgery | <input type="checkbox"/> Sciatica |
| <input type="checkbox"/> High/low blood pressure | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Major accident | <input type="checkbox"/> Phlebitis/Blood Clots |
| <input type="checkbox"/> Varicose veins | <input type="checkbox"/> Seizures/Convulsions |
| <input type="checkbox"/> Pregnancy- Due Date: _____ | <input type="checkbox"/> Infectious Diseases |

Explain any condition that you have marked above: _____

Any other comments or concerns: _____

By signing below, I agree that I have read and understand the following:

-I certify that the above information is true and accurate to the best of my knowledge.

-I understand that massage is not a replacement for medical care and that no medical diagnosis will be made. I understand that the massage and bodywork that I receive is provided for the purpose of relaxation, stress reduction and the relief of muscular tension. If I experience any pain or discomfort during the session, I will immediately inform my massage therapist.

-I understand that any illicit or sexually suggestive remarks or advances made by me will result in termination of the session and I remain responsible for payment of the entire scheduled appointment.

-Cancellation Policy: Our time together is precious and I understand that if I need to reschedule and appointment for any reason, I will give at least 24 hours notice or be responsible for the full time of service fee. If necessary, in the future, I may be required to prepay with my credit card number to secure my appointment.

-Privacy Policy: We will use your e-mail/phone number for appointment reminders, our promotions and news only. Your privacy is important to us. We will not sell, rent or give any of your personal information to anyone.

Signature (*Guardian Signature if under 18 yrs. old*)

Date