



## WholeBody Massage & Wellness Client Health Intake Form

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

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Email: \_\_\_\_\_

How may I reach you? (Circle the following): Call // Text // Email DOB: \_\_\_\_\_

Occupation: \_\_\_\_\_ Referred By: \_\_\_\_\_

•Have you ever received a professional massage before? Yes // No  
If yes, how recently was your last massage?

\_\_\_\_\_

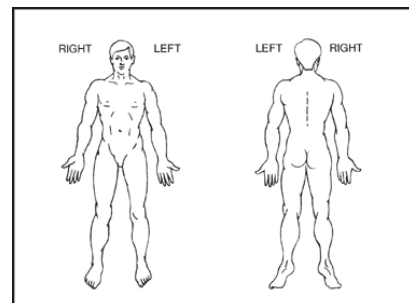
•What are your goals for massage therapy?

\_\_\_\_\_

\_\_\_\_\_

•List and prioritize your current symptoms (stress, pain, numbness/tingling, swelling, etc). You may also indicate areas of tension on body shown:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



• Do these symptoms interfere with daily tasks? Yes // No

If yes, please explain: \_\_\_\_\_

•What pressure do you prefer? Light Medium Deep

•Areas of consent (circle): Feet // Glutes // Abdominal Area // Pectorals // Face // Scalp

**Have you ever been diagnosed with cancer?** \_\_\_\_\_ **Are you pregnant?** \_\_\_\_\_

•Are there any other health conditions I should be aware of?      Yes    //    No

If yes, please explain in detail:

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•List all medications you currently take:

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•What is your music preference? \_\_\_\_\_

(You are welcome to use my selection or feel free to bring your own)

*Read & Initial the Following, and Sign Below:*

\_\_\_\_ I understand that this massage is not a replacement for medical care and that no diagnosis will be made.

\_\_\_\_ I understand that my information will remain confidential unless law of court mandates disclosure.

\_\_\_\_ I am responsible for paying any appointment cancellation of less than 24 hours.

\_\_\_\_ Any sexual behavior will not be tolerated. Session will end immediately and I will be responsible for full payment of scheduled appointment.

\_\_\_\_ I have answered all questions honestly and to the best of my knowledge including all current/past medical conditions and medications. I understand that some medical conditions may be contraindicated for massage therapy (could make symptoms worse) & massage will therefore not be suggested for treatment.

Signature (Client): \_\_\_\_\_ Date: \_\_\_\_\_

Signature (Massage Therapist): \_\_\_\_\_ Date: \_\_\_\_\_