



**Intake Form**  
**Client Information**

Client Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
May we use your email to send you notice of special offers? Yes\_\_\_ No\_\_\_  
Date of Birth: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_  
Emergency Contact Phone: \_\_\_\_\_

**Massage Information**

Have you ever received a professional massage before? Yes\_\_\_ No \_\_\_  
If yes, how recently? \_\_\_\_\_  
Do you have a massage type preference? Yes\_\_\_ No \_\_\_  
If yes, what type? (i.e. Swedish, Deep Tissue, Trigger Point): \_\_\_\_\_  
\_\_\_\_\_  
What type of pressure do you prefer? Light\_\_\_ Medium\_\_\_ Firm\_\_\_  
What are your goals or expected outcomes for today's massage? \_\_\_\_\_  
\_\_\_\_\_  
Are there any specific areas you would like focused on? (i.e. neck, shoulders, back) \_\_\_\_\_  
Do you have any physical or medical issues that the massage therapist should be aware of? (i.e. prior back surgeries, current stiffness or pain etc.) \_\_\_\_\_  
\_\_\_\_\_  
How did you hear about us? \_\_\_\_\_  
Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_