

# Massage Therapy Client Intake Form

ETMC Olympic Center Massage Therapy  
700 Olympic Plaza Tower  
Tyler, TX 75701  
[www.etmc.org/massage](http://www.etmc.org/massage)

Name: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Gender: ☐ Male ☐ Female

Occupation: \_\_\_\_\_ Physician: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Are you under the age of 17? If yes, must have written consent of parent or guardian to receive massage.**

**Our massage tables have a 325-pound weight limit. Please inform your therapist if your weight exceeds this limit.**

Please check below all that apply:

- |  |   |
|--|---|
| <input type="checkbox"/> Allergies                 | <input type="checkbox"/> Epilepsy or seizures                   |
| <input type="checkbox"/> Contagious skin condition | <input type="checkbox"/> Back or neck problems                  |
| <input type="checkbox"/> Bruise easily             | <input type="checkbox"/> Bone or joint injuries                 |
| <input type="checkbox"/> Varicose veins            | <input type="checkbox"/> Current fever                          |
| <input type="checkbox"/> Migraines                 | <input type="checkbox"/> Smoke                                  |
| <input type="checkbox"/> Heart condition           | <input type="checkbox"/> Cancer                                 |
| <input type="checkbox"/> High blood pressure       | <input type="checkbox"/> Recent surgery                         |
| <input type="checkbox"/> Diabetes                  | <input type="checkbox"/> Current personal or job related stress |
| <input type="checkbox"/> Arthritis                 | <input type="checkbox"/> Currently pregnant?                    |
| <input type="checkbox"/> Back pain                 | Due date: _____   |

Please explain any checked above: \_\_\_\_\_

\_\_\_\_\_

If you have any other medical conditions your therapist should be made aware of please list:

\_\_\_\_\_

\_\_\_\_\_

Current Medications:

\_\_\_\_\_

Type of massage you are requesting (Please circle one below):

☐ Swedish/Relaxation   ☐ Deep Tissue   ☐ Trigger Point   ☐ Pregnancy Massage   ☐ Hot Stone

Areas of pain/tension: \_\_\_\_\_

Areas to be avoided: \_\_\_\_\_

## ***Massage Therapy Agreement***

I understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during the session, I will immediately inform the therapist so that the pressure and or strokes may be adjusted to my level of comfort. I further understand that massage should not be construed as a substitute for medical examination, diagnosis or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage therapists are not qualified to perform spinal, skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. 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 agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so.

**I understand that draping will be used during the massage session and only the area being worked on will be uncovered.**

**The massage therapist will not perform breast massage on female clients without the written consent of the client prior to the massage session.**

**If uncomfortable for any reason the client or the therapist may ask to end the massage session immediately.**

**Client signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**(Parent or Guardian if under the age of 17)**

**Therapist signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_