

chair massage intake form

First Name: _____ M.I. _____ Last Name: _____
Address: _____ City: _____ State/Zip: _____
Phone (h): _____ (c): _____ Birth Date: ____/____/____
Email: _____ Want our newsletter/specials? _____
Employer: _____ Occupation: _____
Emergency Contact: _____ Relationship: _____
Emergency Contact Phone (h): _____ (c): _____

Check all that apply:

- ☐ knee problems /difficult to kneel
- ☐ pregnant
- ☐ cold/flu/infectious disease
- ☐ seizures/epilepsy
- ☐ diabetes
- ☐ bruise easily/varicose veins
- ☐ DVT/blood clots
- ☐ skin condition/rash/open cuts
- ☐ high or low blood pressure (circle which)
- ☐ cancer/radiation or chemotherapy
- ☐ lymph nodes removed
- ☐ surgery in the last 8 weeks
- ☐ neuropathy
- ☐ neck/spine problems
- ☐ implanted medical devices
- ☐ breast augmentation
- ☐ fragile bones/osteoporosis
- ☐ consumed alcohol in last 6 hours
- ☐ chronic pain condition
- ☐ arthritis/tendonitis
- ☐ heart condition
- ☐ fibromyalgia
- ☐ allergies (please list) _____
- ☐ headaches/migraines
- other: _____

Is this your first professional massage? _____

If no, how often do you receive massage? _____

Please list current medications:

Are there any concerns you'd like to discuss today? _____

Seated massage addresses your head,neck back,arms,hands,and hips. Are there any areas you would like us to concentrate on or avoid?

I understand this is a seated, fully clothed massage. I understand the benefits and risks of massage and give my consent for treatment. It is also understood that the massage therapist reserves the right to refuse service to anyone. I will consult with my massage therapist as to any questions or concerns immediately. I have stated all my known medical conditions and will inform my massage therapist of any changes. I understand that the purpose of this massage is to reduce stress and increase relaxation. I will immediately inform the massage therapist if I am uncomfortable with the pressure or stroke so it may be adjusted to my level of comfort. I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis or treatment and that I should consult a physician, chiropractor or other qualified medical specialist for any mental or physical ailment I am experiencing.

Client Signature

Date