



# Client Intake Form

Date \_\_\_\_\_

## Personal Information

Name \_\_\_\_\_ Email \_\_\_\_\_  
Phone \_\_\_\_\_ Is it okay to leave messages at this number? \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Do NOT contact me through: \_\_\_\_\_ Emergency Contact & Phone \_\_\_\_\_

**The following information will be used to help plan safe and effective massage sessions.**

1. Have you had a professional massage before? Yes  No  If yes, type & frequency \_\_\_\_\_
2. Do you have any difficulty lying on your front, back, or side? Yes  No  If yes, which? \_\_\_\_\_
3. Do you have any allergies or reactions to any oils or lotions? Yes  No  If yes, type? \_\_\_\_\_
4. Do you have sensitive skin? Yes  No  Do you bruise easily? Yes  No
5. Is there a particular area of the body where you are experiencing tension, stiffness, pain or other discomfort and do you have any particular goals in mind for this massage session? Yes  No   
If yes, please describe \_\_\_\_\_

## Medical History

1. Are you currently under medical supervision (receiving treatment) for any health condition? Yes  No   
If yes, please explain \_\_\_\_\_
2. Please list any medical conditions (present or past) or anything else about your health history that you think would be useful for your massage practitioner to know to plan a safe and effective massage session for you (use back as needed):  
\_\_\_\_\_  
\_\_\_\_\_
3. Do you see a chiropractor? Yes  No  If yes, how often & for what? \_\_\_\_\_
4. Are you currently taking any medication? Yes  No   
If yes, please list: \_\_\_\_\_
5. Have you recently had an injury, surgery or areas of inflammation? Yes  No   
If yes, please describe: \_\_\_\_\_
6. Are you currently pregnant and, if so, how many months? \_\_\_\_\_ Any complications? \_\_\_\_\_

## Client Agreement

It is my choice to receive massage therapy. I am aware of the benefits and risks of massage and give my consent for massage. I understand that there is no implied or stated guarantee of success or effectiveness of individual techniques or series of appointments. I acknowledge that massage therapy is not a substitute for medical care, medical examination or diagnosis. Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and will inform my practitioner of any changes in my health status. I also understand that the Licensed Massage Therapist reserves the right to refuse to perform massage on anyone whom she deems to have a condition for which massage is contraindicated. If I experience any pain or discomfort during this massage session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. ***I understand that the Olympic Peninsula Massage (OPM) Client Policies are available at [olympicpeninsulamassage.com](http://olympicpeninsulamassage.com) and a printed copy will be provided upon request. By signing below, I attest that the information I have provided is true (to the best of my knowledge) and that I understand and agree to the OPM "client agreement" and OPM Client Policies.***

Signature of client \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian (if under 18) \_\_\_\_\_ Date \_\_\_\_\_