

## Touch Factor Massage - Confidential Massage Client Intake Form

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Hobbies: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_

**The following information will be used to help plan safe and effective massage sessions. Please answer the questions to the best of your comfort and knowledge.**

1. Have you had a professional massage before? Yes No If yes, how often? \_\_\_\_\_

2. Do you have any difficulty lying on your front, back, or side? Yes No  
If yes, please explain: \_\_\_\_\_

3. Do you have any allergies to oils, lotions, or ointments? Yes No  
If yes, please explain: \_\_\_\_\_

4. Do you have sensitive skin? Yes No | Do you consider yourself ticklish? Yes No  
If yes, are there areas I should avoid or be careful around? \_\_\_\_\_  
\_\_\_\_\_

5. Are there any massage/spa smells that you like/dislike? Vanilla, lavender, peppermint, eucalyptus, jasmine, lemongrass, others: \_\_\_\_\_

6. Do you sit for long hours at a workstation, computer, or driving? Yes No  
If yes, please describe: \_\_\_\_\_

7. Do you perform any repetitive movement in your work, sports, or hobby? Yes No  
If yes, please describe: \_\_\_\_\_

8. Do you experience stress in your work, family, or other aspect of your life? Yes No  
If yes, how do you think it has affected your health? muscle tension ( ) anxiety ( )  
insomnia ( ) irritability ( ) other \_\_\_\_\_

9. Is there a particular area of the body where you are experiencing tension, stiffness, pain or other discomfort now? Yes No  
If yes, please identify: \_\_\_\_\_

10. Do you have any particular goals in mind for this massage session? Yes No  
If yes, please explain: \_\_\_\_\_

11. Do you receive or are you interested in:  
Energy work? Yes No: \_\_\_\_\_

Cupping? Yes No: \_\_\_\_\_

Essential Oil Therapy? Yes No: \_\_\_\_\_

Thai Massage or Thai Stretching? Yes No: \_\_\_\_\_

Other: \_\_\_\_\_

**Medical History**

12. Are you currently under medical supervision (including chiropractic) or taking any medications? Yes No

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

\_\_\_\_\_

13. Please check any condition listed below that applies to you:

- any issues with touch/massage
- open sores or wounds
- easy bruising
- recent injury or surgery
- contagious skin condition
- artificial joint
- sprains/strains
- current fever
- swollen glands
- allergies/sensitivity
- heart condition
- high or low blood pressure
- circulatory disorder
- varicose veins or phlebitis
- atherosclerosis
- deep vein thrombosis/blood clots
- joint disorder/rheumatoid-  
arthritis/osteoarthritis/tendonitis
- osteoporosis
- epilepsy
- headaches/migraines
- cancer
- diabetes
- decreased sensation
- back/neck problems
- Fibromyalgia
- TMJ
- carpal tunnel syndrome
- tennis elbow
- pregnancy If yes, how many months?

Please explain any condition that you have marked above and 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:

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

14. Can you please tell me how you learned of me and/or my practice? (Thank you!):

\_\_\_\_\_

I, \_\_\_\_\_ (print name) understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. I am at least 18 years of age. If I experience any pain or discomfort during this session, I will immediately inform the practitioner 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 or other qualified medical specialist for any physical or mental ailment that I am aware of. I understand that massage practitioners are not qualified to perform spinal or 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 practitioner 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.

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

*All information disclosed in this form is confidential and will not be shared with anyone without your express consent and knowledge.*

