



**Massage Intake- Please Print Clearly**

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone:(C)\_\_\_\_\_ (W)\_\_\_\_\_ Occupation: \_\_\_\_\_  
Emergency Contact (Name and Phone Number): \_\_\_\_\_  
How did you hear about Whole Body Balance? \_\_\_\_\_  
Do you sit, stand or both for work?

**MEDICAL AND HEALTH INFORMATION**

Are you currently under medical care? **Yes / No**  
Physician's Name: \_\_\_\_\_ Do you see a Chiropractor? **Yes / No**  
If yes, please explain: \_\_\_\_\_ Do you see an Acupuncturist? **Yes/No**  
List all current medications: \_\_\_\_\_ If yes, how often? \_\_\_\_\_  
Have you ever received a professional massage? **Yes / No** If yes, how often? \_\_\_\_\_  
Favorite area to be worked? \_\_\_\_\_  
Any area you **do not** want worked? \_\_\_\_\_  
Massage pressure preference please specify: **Light / Medium / Firm / Deep Pressure**  
Do you have any allergies and/or skin sensitivities? (Our lotion/ oils may contain nuts) **Yes / No**  
If yes, list: \_\_\_\_\_  
Do you exercise or participate in any sports and or yoga? **Yes / No**  
If yes, please specify: \_\_\_\_\_  
Do you have any chronic pain areas? **Yes / No**  
If yes, please describe: \_\_\_\_\_  
Have you recently suffered an acute injury or have any areas of inflammation? **Yes / No**  
If yes, please describe: \_\_\_\_\_  
Any range of motion difficulty? **Yes / No**  
If yes, location: \_\_\_\_\_  
What position do you sleep? **Side / Stomach / Back / All Over** Are you **left** handed or **right** handed?

**Please indicate any condition(s) that you've had in the past or currently have:**

- |   |  |
|---|--|
| <input type="checkbox"/> Headaches, migraines       | <input type="checkbox"/> Blood clots           |
| <input type="checkbox"/> Allergies, sensitivity     | <input type="checkbox"/> Neck/back injuries    |
| <input type="checkbox"/> Arthritis, tendonitis      | <input type="checkbox"/> Diabetes              |
| <input type="checkbox"/> Cancer, tumors             | <input type="checkbox"/> Paralysis             |
| <input type="checkbox"/> TMJ problems               | <input type="checkbox"/> Fibromyalgia          |
| <input type="checkbox"/> Abnormal skin condition    | <input type="checkbox"/> Numbness              |
| <input type="checkbox"/> Heart/circulation problems | <input type="checkbox"/> Sprains/strains       |
| <input type="checkbox"/> Joint replacement/ surgery | <input type="checkbox"/> Sciatica              |
| <input type="checkbox"/> High/low blood pressure    | <input type="checkbox"/> Osteoporosis          |
| <input type="checkbox"/> Major accident             | <input type="checkbox"/> Phlebitis/Blood Clots |
| <input type="checkbox"/> Varicose veins             | <input type="checkbox"/> Seizures/Convulsions  |
| <input type="checkbox"/> Pregnancy- Due Date: _____ | <input type="checkbox"/> Infectious Diseases   |

Explain any condition that you have marked above: \_\_\_\_\_

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Any other comments or concerns: \_\_\_\_\_

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**By signing below, I agree that I have read and understand the following:**

-I certify that the above information is true and accurate to the best of my knowledge.

-I understand that massage is not a replacement for medical care and that no medical diagnosis will be made. I understand that the massage and bodywork that I receive is provided for the purpose of relaxation, stress reduction and the relief of muscular tension. If I experience any pain or discomfort during the session, I will immediately inform my massage therapist.

-I understand that any illicit or sexually suggestive remarks or advances made by me will result in termination of the session and I remain responsible for payment of the entire scheduled appointment.

**-Cancellation Policy:** Our time together is precious and I understand that if I need to reschedule and appointment for any reason, I will give at least 24 hours notice or be responsible for the full time of service fee. If necessary, in the future, I may be required to prepay with my credit card number to secure my appointment.

**-Privacy Policy:** We will use your e-mail/phone number for appointment reminders, our promotions and news only. Your privacy is important to us. We will not sell, rent or give any of your personal information to anyone.

\_\_\_\_\_  
Signature (*Guardian Signature if under 18 yrs. old*)

\_\_\_\_\_  
Date