

V's Healing Touch Massage
Client Intake Form

Full Name _____
M/F: _____ D.O.B. _____
Address: _____ City: _____ State: _____
Zip: _____
Phone: _____ Email: _____
Occupation: _____
Emergency
Contact: _____ Phone: _____
Relationship: _____
Physician: _____ Phone: _____
Date of Last Massage _____
Health Conditions, If Any _____

Please check any of the following conditions you have:
____ headaches ____ allergies ____ arthritis, tendonitis ____
cancer ____ TMI ____ abnormal skin conditions _____
____ heart/circulation problems ____ joint surgery
low/high blood pressure ____ major accident _____
____ varicose veins ____ blood clots neck/back injuries ____
____ diabetes ____ fibromyalgia ____ fever/chills
____ numbness ____ sprains/strains ____ recent injuries
____ pregnancy, list months _____ Dr Approved? List
doctor _____

Please record how you currently feel

Medicine, please list name/condition

Explanation for conditions you marked above:

Goals for
Today:_____

Signature

Date

Massage Therapy Informed Consent Agreement

I understand that the massage given to me by Veronica Jones, RMP of V's Healing Touch Massage is for the purpose of (stress reduction, pain reduction, relief from muscle tension, increasing circulation, or specific reasons stated within this document). I understand that Veronica Jones, massage therapist of V's Healing Touch Massage does not diagnose illness or disease and does not prescribe medical treatment and medications. I understand that massage therapy is not a substitute for medical care and that it is recommended that I work with my primary caregiver for any condition I may have. I have stated all my known physical conditions and medications, and I will keep Veronica Jones of V's Healing Touch Massage updated on any changes.

Signature

Date
