Massage Therapy Intake & Consent

Health history intake and informed consent for massage therapy and bodywork services

Client Information

First Name *

Last Name *

Email Address *

Phone Number *

Date of Birth *

MM / DD / YYYY

Session Details

Type of Massage Requested *

- [ ] Swedish / Relaxation
- [ ] Deep Tissue
- [ ] Sports Massage
- [ ] Hot Stone
- [ ] Trigger Point Therapy
- [ ] Myofascial Release
- [ ] Lymphatic Drainage
- [ ] Reflexology
- [ ] Aromatherapy
- [ ] Cupping
- [ ] Therapist's Recommendation

Pressure Preference *

- [ ] Light
- [ ] Medium
- [ ] Firm
- [ ] Deep / Very Firm

Areas of Focus / Concern

- [ ] Head / Neck
- [ ] Shoulders
- [ ] Upper Back
- [ ] Lower Back
- [ ] Arms / Hands
- [ ] Hips / Glutes
- [ ] Legs / Feet
- [ ] Full Body — Even Focus

Areas to Avoid

Health History

Do you have any of the following conditions?

- ☐ High blood pressure
- ☐ Diabetes
- ☐ History of blood clots / DVT
- ☐ Arthritis
- ☐ Skin condition (eczema, psoriasis, rashes)
- ☐ Herniated or bulging disc
- ☐ Heart condition
- ☐ Cancer (current or recent)
- ☐ Osteoporosis
- ☐ Fibromyalgia
- ☐ Varicose veins
- ☐ None of the above

Are you currently pregnant? *

☐ Yes ☐ No

Have you had any recent injuries, surgeries, or fractures? *

☐ Yes ☐ No

If yes, please describe

Current Medications

Do you have allergies to oils, lotions, or fragrances? *

☐ Yes ☐ No

If yes, please describe

Consent & Waiver

Massage Therapy Consent:

1. I understand that massage therapy is not a substitute for medical treatment.
2. I will inform my therapist of any discomfort during the session.
3. I understand that I may undress to my comfort level and will be properly draped at all times.
4. I consent to the massage techniques discussed with my therapist.
5. I understand that massage may occasionally cause soreness, bruising, or lightheadedness.
6. I have disclosed all relevant health conditions and understand that withholding information may affect the safety of my treatment.

I consent to massage therapy and have disclosed all relevant health information.

I have read and agree to the consent above: _____

Session Notes

For office use only

	Date	Area	Technique	Pressure
Entry 1				
Entry 2				
Entry 3				
Entry 4				
Entry 5				
Entry 6				

Consent & Signature

I consent to massage therapy as described. I have disclosed all relevant health conditions and understand the nature and purpose of the treatment. I release the therapist from liability.

I confirm I have read and understood the above information and give my informed consent.

I have read and understand the above information: _____

Signature

Date

Print name

Date *

MM / DD / YYYY