



CLIENT INTAKE FORM

Please Print
Name _____

Address _____ City _____

State _____ Zip _____ Phone: Home _____ Work _____

Cell _____

Would you like to receive text message reminders for your future appointments? Y / N

Date of Birth _____ Occupation _____

Referred by: _____ Email Address _____

Have you had massage therapy/bodywork in the past? ___ Yes ___ No

How long ago? _____

What is the reason for your visit today? _____

Are you under the care of a physician or other health care practitioner? _____

Are there any areas you want to avoid having treated? _____

Have you had any surgeries? ___ Yes ___ No

If yes, please explain: _____

List any medication you are now taking and what they are used for: _____

Do you have a history of any of the following? (Check all that apply)

_____ Serious injuries	_____ Bursitis	_____ Back pain
_____ Headaches	_____ Allergies	_____ Allergy to nut oils
_____ Arthritis	_____ Skin infection	_____ Contagious conditions
_____ Contact lenses	_____ Pregnant	_____ Recent surgery
_____ Blood clots	_____ Use of alcohol	_____ Use of tobacco
_____ Low blood pressure	_____ High blood pressure	_____ Diabetes
_____ Varicose veins	_____ Heart attack	_____ Stroke
_____ Lymph Nodes Removed		_____ Other

I understand that Rachel Scutt will provide the massage treatment I will receive. All massage treatments from Rachel Scutt are for therapeutic purposes only, and completely NON-SEXUAL. All sexual and/or inappropriate behavior will not be tolerated. Your cooperation is expected. The therapist throughout the treatment will maintain full sheet draping. The treatment room is clean and reset after each massage and all equipment is maintained in good working order. The client's privacy will be respected while dressing and undressing. The client may request to modify or terminate the treatment at any time. By signing below I acknowledge that the information above is true to the best of my knowledge and that I may receive a copy of the Privacy Policy.

SIGNATURE _____ DATE _____