325 West 1100 South  
Brigham City, UT 84302  
435-237-2001

**Client Intake Form**

Name: Date of Birth:

Address: City/State/Zip:

Phone number: Email:

Would you like to be on an email list for promotions and appointment availability? Yes No

Occupation:

Emergency Contact: Relationship: Number:

How did you hear about us?

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

Have you had a massage before? Yes No

Are you allergic to latex, lanolin, analgesic balms, essential oils, other?

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

Do you have any of the following: Pins, Plates, or Screws Surgical Implants  
If so, where:

Are you wearing: Contact lenses Dentures Hearing Aid

What are your goals for this treatment? (i.e., pain relief, relaxation, etc.)

**Medical History**

*In order to plan a safe and effective massage session, I need some general information about your medical history.*

Any previous/current broken bones or traumatic accidents?

Have you had any recent surgeries?

Please list any medications or supplements that you are taking.

**Health History**

*Please select any past or current health conditions you may have:*

Allergies  Edema/Swelling  Tension/Stress  Scoliosis

Sleep Difficulties  Whiplash  Chronic Pain  Sinus Issues

Headaches, Migraines  Cancer  Pinched Nerve Digestive Issues/IBS

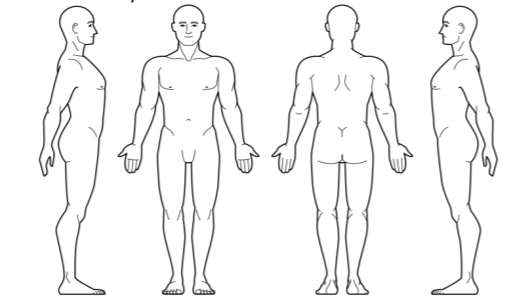
Numbness/Tingling  Epilepsy/Seizures  Cardiovascular Issues  High Blood Pressure

Stroke  Sciatica  Jaw Pain (TMJ)  Bursitis

Bone or Joint Disease  Varicose Veins  Depression/Anxiety  Arthritis

Any other medical condition(s) not listed:

*When you meet with your student therapist, painful areas will be marked with an X*



If indicated, please explain any spots I should be aware of:

*At the time of your appointment, your body temperature will be recorded below*

Client’s Temperature: Therapist’s Temperature:

***INFORMED CONSENT****: The above information is accurate to the best of my knowledge and I freely give my permission to be massaged. I agree to inform the therapist of any experience of pain during the session. I understand that bodywork should not be used as a substitute for medical examination, diagnoses, or treatment and I should consult the appropriate health care provider for mental or physical ailments. I understand that no inappropriate comments or conduct will be tolerated. Any indication of such behavior will automatically end the session.*

*Finally, I understand that all my information is confidential and released only with my written consent or as required by law.*

Signed (the client): Date:

Student Therapist: Date:

Supervising Instructor: Date: