HEARTFELT MASSAGE

New Client Intake

Type into the fields or print a blank copy. Bring the completed form to your first appointment.

For your privacy, please do not email the completed form.

If you do not have a printer, you can fill out a copy when you arrive.

Contact information

Full name

Phone

Email

How did you hear about us? (optional)

Your massage

Have you had a professional massage before? ☐ Yes ☐ No

Previous massage experience, areas you want to focus on, or areas you want avoided

Health history

Check any that apply. Add relevant details in the space below.

- ☐ Recent or past injury, sprain or fracture
- ☐ Back, neck, joint or nerve pain
- ☐ Arthritis or limited movement
- ☐ Frequent headaches or seizure history
- ☐ Fibromyalgia
- ☐ Heart or circulation concerns
- ☐ Diabetes, cancer or cancer treatment
- ☐ Allergies to oils or lotions
- ☐ Current illness, rash, wound or severe pain
- ☐ Surgery or medication Marsha should know about

Surgery, medication, allergies or other details relevant to your massage

Have you consumed alcohol in the past 24 hours? ☐ Yes ☐ No

Client acknowledgment

I understand that a massage is not a replacement for medical care and that no diagnosis will be made.
I am responsible for paying for any appointment cancellation of less than 24 hours.
I understand that Marsha Cook operates independently as a sole proprietor.

Client signature (sign after printing)

Date