



350 East Butler Ave Suite 104 New Britain Pa 18901
260 Knowles Ave Suite 114 Southampton Pa 18966
267-269-7388

CLIENT INTAKE FORM

Client Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

() Male () Female Date of Birth _____ Occupation _____

How did you hear about us? __ website/ __ Facebook/ __ Other (please specify) _____

Do you receive massages on a regular basis? () yes () no What type(s)? _____

Please list all medications you are currently taking. Be sure to include over-the-counter pain relievers. _____

What medical conditions have you been diagnosed with? _____

What injuries or surgeries have you had? Please give approximate dates? _____

I understand that massage is not a substitute for care by a physician. I further understand that this information is provided to assist the therapist in providing appropriate care and service, which is not to be construed as medical treatment except as specifically prescribed by a physician.

Client Signature _____ Date _____



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Informed Consent

I, _____ understand that the massage session that I am about to receive is for the purpose of stress reduction, relief from muscular pain and tension, or for another reason which I have stated in the following section.

I understand that the massage therapist does not diagnose any illness, injuries or diseases. I understand that massage is not a substitute for care by a physician. I further understand that the information that is provided is to assist the therapist in providing appropriate care and service, which is not to be construed as medical treatment unless a physician has specifically prescribed it.

I have discussed with the therapist the type of massage that I will be receiving and have been or will be informed of the procedure of the massage session. I will inform the therapist if any pain, discomfort or tenderness is felt.

I have stated all my known physical and medical conditions and will keep the therapist informed of any changes.

Client Signature _____ Date _____