



CLIENT INTAKE FORM

NAME:		DATE:	
PHONE:		EMAIL:	
PRONOUNS:		BIRTHDAY:	

Do you have any medical conditions or concerns that you think may be relevant to your massage treatment?

☐ No ☐ Yes If yes, please state: _____

Have you had any surgeries or injuries in the past six months? If yes, please provide details:

☐ No ☐ Yes If yes, please state: _____

Are you currently taking any medications or supplements? If yes, please list:

☐ No ☐ Yes If yes, please state: _____

Do you have any allergies (e.g., latex, essential oils, etc.)? If yes, please specify:

☐ No ☐ Yes If yes, please state: _____

Do you experience any chronic pain or discomfort? If yes, please describe the location, intensity, and frequency:

☐ No ☐ Yes If yes, please state: _____

Are there any specific areas of your body you would like the massage therapist to focus on or avoid?

☐ No ☐ Yes If yes, please state: _____

Are you pregnant? If yes, how many weeks?

☐ No ☐ Yes If yes, please state: _____

Have you received massage therapy before? If yes, how frequently do you typically receive massages?

☐ No ☐ Yes If yes, please state: _____

What types of massage techniques have you experienced, and which ones did you find most beneficial?

☐ No ☐ Yes If yes, please state: _____

Consent and Agreement:

I, the undersigned client, hereby consent to receive massage therapy services at Salterra Wellness. I understand that the massage session may involve physical touch and manipulation of soft tissues to promote relaxation, stress relief, and overall well-being.

- I acknowledge that I have provided accurate and truthful information about my health history and any concerns or issues that may impact the massage treatment.
- I understand that it is my responsibility to communicate with the massage therapist during the session regarding any discomfort or changes in my condition.
- I release Salterra Wellness from any liability related to the massage therapy session or any potential side effects.

SIGNATURE _____

DATE _____