



Client Intake Form

Personal Information

First Name :

Family Name:

Date of Birth:

Phone Number:

Emergency Contact Name:

Emergency Contact Phone:

Lifestyle & Preferences

Occupation:

Massage Frequency:

Preferred Pressure Level:

Soft Medium Hard

Health Information

Primary Reason for Visit:

Injuries / Chronic Pain:

Pregnant:

Skin Condition:

Recent (< 6mths) Surgery:

Health Conditions:

Low Blood Pressure:

Diabetes:

High Blood Pressure:

Cancer:

Osteoporosis:

Arthritis:

Others:

Areas to: Avoid **X** , Focus **✓**

X **✓**

X **✓**

Head:

Upper Back:

Face:

Lower Back:

Neck:

Hamstring:

Shoulder:

Quadricep:

Arm:

Calf:

Stomach:

Feet:

Hand:



Massage Therapy Informed Consent

I understand that massage therapy is for stress reduction, relief from muscular tension, and improvement of lymphatic and blood circulation. I acknowledge that massage therapists do not diagnose illness, disease, or any other physical or mental condition, and they do not prescribe medical treatment. I understand that massage therapy carries inherent risks including temporary soreness, bruising, aggravation of existing conditions, allergic reactions, or in rare cases, injury. I voluntarily assume all risks associated with massage therapy and acknowledge that no guarantee of specific results has been made.

I affirm that I have disclosed all known medical conditions, medications, allergies, and answered all questions honestly. I agree to inform the therapist immediately of any discomfort during treatment and of any changes in my health status between sessions. I understand that there shall be no liability on the therapist's part if I fail to provide accurate health information or fail to communicate during treatment.

By receiving massage therapy, I voluntarily assume responsibility for any risks and release InMotion Bodyworks from any claims or damages arising from my treatment.

Signature:

Date: