



Intake Form

Client Contact Information:

Name _____ Date _____

Phone _____

Emergency Contact _____ Phone _____

Massage Information:

Have you received a professional massage before? _____

What kind of pressure do you prefer? _____

What are your expected outcomes for receiving a massage? _____

List your current symptoms (pain, numbness, and swelling)

List any medications that you are currently taking

Health History:

List all injuries and surgeries in the past and present

Indicate conditions that you have had in the past or present (please circle conditions)

Muscle or joint pain, muscle or joint stiffness, numbness or tingling, high/low blood pressure, stroke, heart attack, cancer, neurological, seizures, headaches, migraines, arthritis, disc disease, broken bones, diabetes, allergies, depression, anxiety, hepatitis, skin conditions, diseases. Please describe in detail.

If I experience any pain or discomfort during the session, I will immediately inform Harmony Zents so the pressure may be adjusted to my comfort level. I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a doctor, or other qualified specialist. Because massage therapy should not be permitted under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep Harmony Zents updated as to any changes in my medical profile and understand there shall be no liability on Harmony's part should I fail to do so. I also understand that any illicit suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for full payment of the scheduled appointment. I understand the above disclosure; I give my consent to receive care.

Client signature: _____

Print name: _____ Date: _____