FORM 1

# New Client Intake

For new massage clients · required before your first massage

About 10 minutes. Your goals, health history and comfort preferences help your practitioner tailor every session to you.

> Fill in on screen or print it, then sign and bring it to your appointment.
> Your information is kept confidential. Please do not email completed forms.

## ABOUT YOU

Full name

Date of birth

Phone

Email

Address

Emergency contact name

Emergency contact phone

## YOUR VISIT

Service(s) you are booking

What are your goals for this session?

Areas of pain, tension or concern

## HEALTH HISTORY

Please share any health conditions, injuries, medications or pregnancy so we can care for you safely.

Current health conditions

Recent injuries or surgeries

Medications and supplements

Allergies or sensitivities (herbs, oils, scents, other)

Are you pregnant, or may you be pregnant? ☐ Yes ☐ No

Are you currently under a physician's care? ☐ Yes ☐ No

If yes, for what?

## COMFORT PREFERENCES

Preferred pressure ☐ Light ☐ Medium ☐ Firm ☐ Not sure

Areas you would like us to avoid

Nora, our therapy dog, is often in the clinic. Is it okay if she is present during your visit? ☐ Yes ☐ No, thank you

## YOUR SIGNATURE

The information I have given is accurate and complete to the best of my knowledge. I will tell my practitioner about any changes to my health, injuries or medications.

Signature

Date

Printed name