NEW CLIENT INTAKE FORM
BODYWORKS NORTHEAST MASSAGE THERAPY SERVICES

PERSONAL INFORMATION

Name _____ Phone _____ Email _____

Address _____ City/State/Zip _____DOB _____

Emergency Contact _____ Relationship _____ Phone _____

How Did You Hear About Us? _____ Pronoun Preference _____

MEDICAL INFORMATION

Are you taking any medications that mask pain or you may need for an emergency while here? ☐ Yes ☐ No

If yes, please list: _____

_____

Are you currently pregnant? ☐ Yes ☐ No

If yes, how far along? _____

Any high risk factors? _____

Do you suffer from chronic pain? ☐ Yes ☐ No

If yes, please explain _____

What makes it better? _____

_____

What makes it worse? _____

_____

Do you currently have any injuries? ☐ Yes ☐ No

If yes, please explain _____

Do you have any medical conditions that massage would/could aggravate?

MASSAGE INFORMATION

Have you had a professional massage before? ☐ Yes ☐ No

What type of massage are you seeking?

☐ Relaxation ☐ Therapeutic/Deep Tissue

Other _____

What pressure do you prefer?

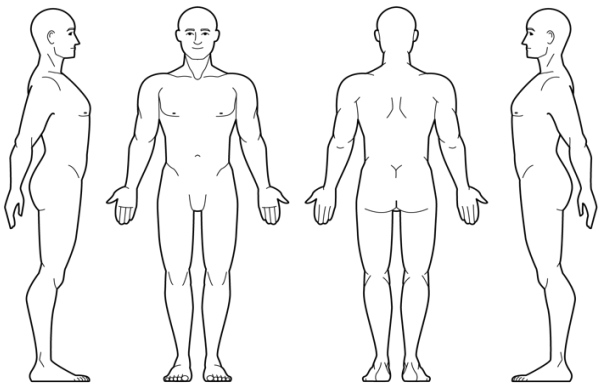
☐ Light ☐ Medium ☐ Deep

Do you have any allergies or sensitivities? ☐ Yes ☐ No

Please explain _____

Are there any areas you don't want massaged? ☐ Yes ☐ No

Please circle any areas of discomfort or tenderness:



Please explain any conditions or areas of discomfort you have marked above: _____

_____

_____

I have completed this form to the best of my ability, and I agree to inform my therapist if any of the above information changes:

Print Name _____Signature _____ Date _____