



CLIENT INTAKE FORM

ABOUT YOU	NAME						
	EMAIL ADDRESS				DATE OF BIRTH		
	PHONE NUMBER			PROVIDER (e.g., AT&T, Sprint, Verizon, etc.)			
	ADDRESS			CITY		STATE	ZIP
	OCCUPATION						
	HAVE YOU HAD A PROFESSIONAL MASSAGE BEFORE? LIKES? DISLIKES?						
	HOW DID YOU HEAR ABOUT US?						
	WHAT KIND OF PRESSURE DO YOU PREFER?		Swedish - light	Swedish-medium	Swedish -firm	Deep Tissue (Add \$10)	Ashiatsu Deep (Ask for quote)
HEALTH HISTORY	MEDICAL CONDITIONS - PLEASE CIRCLE ALL CONDITIONS THAT APPLY						
	headaches	neck pain	back pain	jaw clenching	leg/knee pain	seizures	bruise easily
	varicose veins	diabetes	fibromyalgia	high blood pressure	circulatory or cardiac problems	active cancer	any contagious diseases
	Please list any accidents, injuries and/or surgeries in the last five years, and briefly explain:						
	Do you have any allergies and/or skin sensitivities? No Yes If yes, please explain:						
Please list additional injuries/accidents/conditions here.							
TERMS & CONDITIONS	LEGAL INFORMATION: BY SIGNING BELOW, I AGREE THAT I HAVE READ AND UNDERSTAND THE FOLLOWING I understand that massage is not a replacement for medical care and that no medical diagnosis will be made. Because massage therapy may be contraindicated due to certain medical conditions I affirm that I have informed the therapist of all known medical conditions and will keep the therapist updated as to any changes in my medical condition going forward. If I experience any pain or discomfort during the session, I will immediately inform the therapist so that the pressure and/or manipulations, draping, or environment may be adjusted to my level of comfort.						
	CLIENT BEHAVIOR Any illicit or sexually suggestive comments or actions made by me will result in immediate termination of the session and I am responsible for full payment.						
	24 HOUR CANCELLATION POLICY Should I cancel or miss an appointment with less than 24 hours notice, I authorize Edna Valley Massage to charge me for the full session fee. I have the right to transfer my appointment to another client, however if they do not pay, I understand I am responsible for the balance.						
	CLIENT INFORMATION We will use your personal information for appointment reminders, promotions, and news from Edna Valley Massage. Your privacy is important to us. We will not sell, rent, or give your information to anyone without your express permission. If you are not okay with receiving mailings from us, please let your therapist know. Otherwise, you may receive notices of changes in our services or policies periodically.						
	SIGNATURE			By signing, I acknowledge that I have read, understand, and will comply with all policies and procedures.			TODAY'S DATE