



Client Intake Form

Massage

Name _____ Birthday _____

Cell Phone _____ Home Phone _____

Address _____

City _____ State _____ Zip Code _____

EMAIL ADDRESS _____

Have you ever received a professional massage? Yes No

How were you referred to Zen Garden Wellness? _____

Before your session please report any recent or chronic medical conditions to your Therapist.

- | | | | |
|--------------------|----------------------|----------------|--------------|
| Dislocations | Recent Surgery | Heart Problems | Epilepsy |
| Back injuries | Numbness or Tingling | Muscle Cramps | Cancer |
| Pulled muscles | Headaches/Migraines | Skin Problems | Fibromyalgia |
| Recent Bone Trauma | High Blood Pressure | Easy Bruising | Pregnant |
| Varicose Veins | Arthritis | Nausea | Diabetes |
| Blood Clots | Inflammation | Back Pain | Stiff Neck |

Please indicate any areas you would like avoided:

- | | | | | | |
|-------|------|------|------|-------|--------|
| Chest | Legs | Arms | Head | Hands | Glutes |
| Neck | Feet | Back | | | |

Please initial the following statements:

- _____ I am aware that draping will be used during the massage session.
- _____ I understand that the Therapist will not engage in breast massage of the female client.
- _____ I understand that my feedback is an essential element in my treatment, therefore if at any time I should become uncomfortable during the massage, I may bring it to the Therapist's attention and request the session to end.
- _____ I understand that any illicit or sexually suggestive behavior either physical or verbal made by me, will result in immediate termination of the session. I will be liable for the "full" scheduled appointment and may be reported to the appropriate authorities.

nourish ~ flourish ~ grow

