

Client Intake Form

Name _____ Date of Birth _____

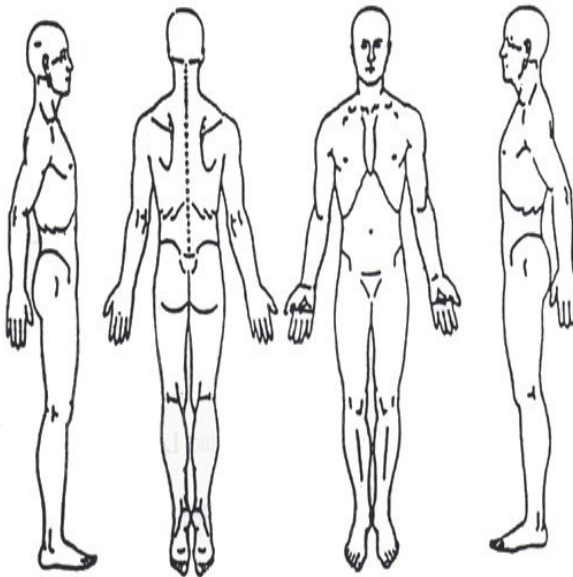
Phone (Cell) _____ Email _____

Address _____ City _____ State _____ Zip _____

Emergency Contact _____ Phone _____

1. How did you hear about us? _____
2. Have you had a professional massage before? Yes No If yes, how often? _____
3. Do you have any allergies to oils or lotion? Yes No If yes, please explain _____
4. Are you currently pregnant? Yes No If yes, how many weeks? _____
5. What pressure do you prefer? Light Medium Deep
6. Is there an area of the body where you are experiencing tension, stiffness, pain or other discomfort? Yes No
If yes, please identify _____

Circle any specific area you would like the massage therapist to concentrate on during the session



Please indicate any condition you have had or currently have:

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> High/Low Blood Pressure |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Kidney Dysfunction |
| <input type="checkbox"/> Heart Attack | <input type="checkbox"/> Headache/Migraines |
| <input type="checkbox"/> Numbness | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Joint Replacement(s) |

I hereby declare and certify that I take part of the massage therapy on my own responsibility. I declare that I am an adult without a disease (eg heart disease, pacemakers), which would be dangerous for me to have a massage. I informed the masseur about all my healthy problems. I understand that **Pure Harmony Thai Massage** is not responsible for potential problems with me during or after treatment. I understand that massage therapy is not sexual in any manner and that any illicit or suggestive remarks or behavior on my part, will result in an immediate termination of the therapy session. With my present statement I irrevocably sign away any claims of damages against **Pure Harmony Thai Massage**.

Client Signature _____ Date _____