



Massage Intake Form

Name: _____ Date of Birth: _____ (MM/DD)

Occupation: _____ Age (please circle): 18 – 34 35 – 55 55 & above

Are you presently under a physician’s care? Yes No
If yes, for what? _____

Have you ever received a professional massage: Yes No
If yes, which type? _____

Do you have any particular goals in mind for this massage session? Yes No

Please mark (X) all current and past conditions:

- Headaches / Migraines, Vision problems / Contacts, Bruises Easily, Varicose Veins, Sinus problems, Pinched Nerve, Jaw pain, TMJ problem, Asthma / Lung condition, Constipation / Diarrhea, Hernia, Circulatory Issues, Blood Clots, Bladder / Kidney Ailments, Bone / Joint Disease / Osteoporosis, Tendonitis / Bursitis, Numbness / Tingling, Sprains / Strains, Arthritis / Gout, Cancer / Tumors, Spinal column disorders, High / Low Blood Pressure, Cramping/Spasm/Soreness, Heart Condition, Other medical conditions not listed, Fatigue, Tension / Stress, Depression, Sleep difficulties, Skin allergies, Rashes / Eczema, Athlete’s Foot, Herpes / Cold Sores, Shingles, Diabetes, Chronic Pain, Pregnancy

Explain any areas noted above: _____

Are you taking any medications (Please list them)?: _____

Have you had any surgeries: _____

Please list any physical activities (hobbies, exercise, sports participation, etc.) that you participate in:

It is my choice to receive massage therapy. If I experience pain or discomfort during the session, I will immediately inform my therapist so that pressure/strokes can be adjusted. I understand that massage therapists are not trained in the diagnosis and treatment of disease. I affirm that I have notified my therapist of all known health conditions. I agree to inform my therapist of any changes in my health and medical condition. By signing this release, I hereby waive and release my therapist and Zanya Spa Salon from any and all liability, past, present, and future relating to massage therapy and bodywork.

Signature: _____ Date: _____

Consent to Treatment to a Minor: By my signature below, I hereby authorize the massage therapists of Zanya Spa Salon to administer massage/bodywork to my child or dependent as they deem necessary.

Signature of Parent/Guardian: _____ Date: _____