



### **Massage Studio Guest Intake Form**

*All massages are personalized just for you with complimentary amenities. Please customize your visit below.*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Contact Method: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Gender: ☐ Male ☐ Female ☐ Other

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

How did you hear about Massage Studio? ☐ Google ☐ Yelp ☐ FaceBook ☐ Instagram ☐ Walk By/Drive By  
☐ YouTube ☐ Referral ☐ Other

Are you here for a specific accident or doctor's referral? If yes, please explain. \_\_\_\_\_

Are you currently pregnant? ☐ Yes ☐ No

Please list number of weeks pregnant (\*Massage Studio cannot perform any massage on expectant mothers that are in their first trimester. Guest must be at least 13 weeks.): \_\_\_\_\_

Where on your body do you feel pain, tension, discomfort? \_\_\_\_\_

Have you received a massage before? \_\_\_\_\_ Date of last massage? \_\_\_\_\_

How many ounces of water do you drink on average per day? \_\_\_\_\_

Are you on any medications? (aspirin, ibuprofen, herbs, prescriptions, supplements, etc.)? \_\_\_\_\_

Have you had any accidents or surgeries in the last 5 years? If yes, please explain: \_\_\_\_\_

Please list all forms and frequency of stress reduction activities, hobbies, exercise, or sports participation. \_\_\_\_\_

#### **Please select any / all conditions that presently apply:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Headaches and/or Migraines   | <input type="checkbox"/> Allergies and/or Sensitives | <input type="checkbox"/> Abdominal and/or Digestive Problems     |
| <input type="checkbox"/> Injuries to Face and/or Head | <input type="checkbox"/> Hernia                      | <input type="checkbox"/> Jaw Pain and/or TMJ                     |
| <input type="checkbox"/> Sinus Problems               | <input type="checkbox"/> Easy Bruising               | <input type="checkbox"/> Asthma and/or Lung Conditions           |
| <input type="checkbox"/> Numbness and/or Tingling     | <input type="checkbox"/> Sleep Difficulties          | <input type="checkbox"/> Constipation and/or Diarrhea            |
| <input type="checkbox"/> Cancer and/or Tumor          | <input type="checkbox"/> Muscle and/or Joint Pain    | <input type="checkbox"/> Birth Control / IUD                     |
| <input type="checkbox"/> Blood Clots                  | <input type="checkbox"/> Spinal Column Disorders     | <input type="checkbox"/> Heart and/or Circulatory Problems       |
| <input type="checkbox"/> Diabetes                     | <input type="checkbox"/> Muscle and/or bone Injuries | <input type="checkbox"/> Arthritis / Osteoarthritis / Tendonitis |
| <input type="checkbox"/> Pregnancy                    | <input type="checkbox"/> Carpal Tunnel Syndrome      | <input type="checkbox"/> Rashes and/or Athletes Foot             |
| <input type="checkbox"/> Dry Skin                     | <input type="checkbox"/> Varicose Veins              | <input type="checkbox"/> Bumps / Moles                           |
| <input type="checkbox"/> High or Low Blood Pressure   | <input type="checkbox"/> Epilepsy                    | <input type="checkbox"/> Other                                   |
| <input type="checkbox"/> Tension / Stress             | <input type="checkbox"/> Depression and/or Fatigue   | <input type="checkbox"/> None                                    |

Please explain any conditions selected above:

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Are there areas you would like your Therapist to avoid due to pain or injury? \_\_\_\_\_

Please select the Aromatherapy Scent you would like during your massage:

☐ Lemongrass ☐ Eucalyptus ☐ Lavender ☐ None

What type of music do you prefer during your massage?

☐ Spa ☐ Nature ☐ Lounge ☐ Jazz ☐ Classical ☐ Vocals ☐ Seasonal

What type of massage pressure do you prefer?

☐ Light Pressure ☐ Medium Pressure ☐ Firm Pressure ☐ Very Firm Pressure  
[Swedish]

Would you like face and scalp massage?

☐ Yes, please. ☐ No, thank you. ☐ Face Only ☐ Scalp Only ☐ Therapist Discretion

What type of massage product do you prefer your Therapist to use?

☐ Massage Cream ☐ Massage Oil ☐ CBD Oil (\*\$15 upgrade, please inform your Therapist prior to service.)

Are you comfortable with glute work? ☐ Yes ☐ No ☐ Therapist Discretion

Would you like pain relieving products (for sore muscles, joints, back pain, etc.)?

☐ Yes ☐ No ☐ Therapist Discretion

Would you like your table heated? ☐ Yes ☐ No

In order to personalize your experience, please list any other requests you may have:

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I have read and understand the information included within this intake form: ☐ Yes ☐ No

#### MEDICAL & SPECIAL CIRCUMSTANCES

- We cannot perform any massage on expectant mothers that are in their first trimester. Guest must be at least 13 weeks.
- A doctor's note is required for guests undergoing any form of chemotherapy, radiation, or special medical circumstances.
- A doctor's note is required for a guest that was in a car accident within 72 hours.
- Minors 14-17 years old must have their guardian complete and sign the intake form. Guardian may be requested to stay on premise at the discretion of the therapist.

## TERMS & CONDITIONS

- Massage Studio must be notified about any changes in address, contact information, and/or credit card information. Guest must notify Massage Therapist of any changes to medical conditions or massage preferences.
- Guests must follow spa rules and regulations. Massage Studio reserves the right to refuse or discontinue services for any reason.
- Pricing, hours, and policies are subject to change and may vary per location.
- All appointments will end at the scheduled ending time in order for us to stay on schedule. Guests who arrive late to their scheduled appointment will be charged for the full session and will not receive a time extension.
- We require a 24-hour cancellation notice. Cancellations within 24 hours are charged a \$30 cancellation fee. No shows are charged 100% of the service.
- Massage Studio is not responsible for lost or stolen property.
- All sales are final.

I understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during the session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. If I feel uncomfortable, in pain, or under any type of duress, I will inform the Therapist to immediately stop the massage and report the incident to the front desk staff. I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of.

I understand that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session should be construed as such. Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so.

Massage Studio will not be held liable for any violations or misrepresentations of this agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_