

New Client Intake Form

The **new client intake form** for massage therapy ensures therapists gather essential health and personal information before sessions. This comprehensive form helps tailor treatments to individual needs while maintaining client safety and comfort. Utilizing a standardized intake form streamlines the onboarding process and enhances professional care quality.

Personal Information

Full Name:

Date of Birth:

Address:

Phone Number:

Email:

Emergency Contact

Name:

Phone Number:

Health Information

Are you currently under medical care?

Yes No

List any medications you are taking:

Please indicate any chronic conditions or injuries:

Any allergies (including to oils, lotions):

Massage Preferences

What are your primary goals for massage therapy?

Are there any specific areas you would like the therapist to focus on or avoid?

Consent

I consent to receiving massage therapy and confirm that the information provided is accurate to my knowledge.

Submit