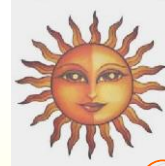


Celestial Spa

Massage Therapy Intake Form
Please print legibly



Therapist Notes

(To be completed by therapist)

Name: _____

Date: _____

Service: _____

Notes: _____

Birthday: _____

Anniversary: _____

Employer/Occupation: _____

How did you hear about us?
If a friend or colleague, who? _____

Reason for visit? _____

First professional massage? Yes No

How frequently do you get a massage? _____

Massage preference? Light Medium Firm Unsure _____

Please check each condition that you currently have, and write (past) next to each condition that you have had in the past. You may also include how long ago.

___ Neck/Spine Injury

___ High Blood Pressure

___ Liver Ailment

___ Back Pain

___ Low Blood Pressure

___ Kidney Ailment

___ Sciatica/Leg Pain

___ Skin Disorders

___ Heart Ailment

___ Carpal Tunnel

___ Infectious Disease

___ Fibromyalgia

___ TMJ Syndrome

___ Diabetes

___ Cancer

___ Sport Injuries

___ Arthritis

___ PMS Syndrome

___ Headaches

___ Cold/Flu/Fever

___ Grief Process

___ Varicose Veins

___ Pregnancy

Other: _____

First & Last Name _____

Please indicate preferred contact with a check

Email _____

Phone (H) _____

(M) _____

(W) _____

Receive reminder texts before your appointment by listing your wireless service provider

Verizon T-Mobile Other (please list) _____

Address _____

City _____ State _____ Zip code _____

Allergies

Medications

Please state any recent injuries, surgeries, accidents or medical treatments:

If you are currently seeing a doctor, please list reason(s):

The above information is accurate and true to the best of my knowledge. I understand that massage therapists do not diagnose disease, prescribe medications or manipulate bones. I further understand that massage therapy is not a substitute for medical attention or examination. I take responsibility for alerting my practitioner to any physical, mental or emotional changes that occur with my health. I, also, understand that cancelled or missed appointments without 24 hours notice (medical emergencies excluded) may be charged in full for the price of the missed session.

Signature: _____

Date: _____