MURR MASSAGE LLC

info@murrmassage.com [717] 629-4314 www.murrmassage.com

Client Intake Form *(Please, print.)*

NAME		PHONE	( )

ADDRESS		DOB	/ /	OCCUPATION	
		E-MAIL			

WORKOUT ACTIVITIES	

Please, list any current medications:		Are you currently seeing a health care professional? y ☐ n ☐	Previously had a massage? y ☐ n ☐

Allergies to oils, lotions, ointments, fruits, or nuts? y ☐ n ☐	If 'yes,' please list which allergies.

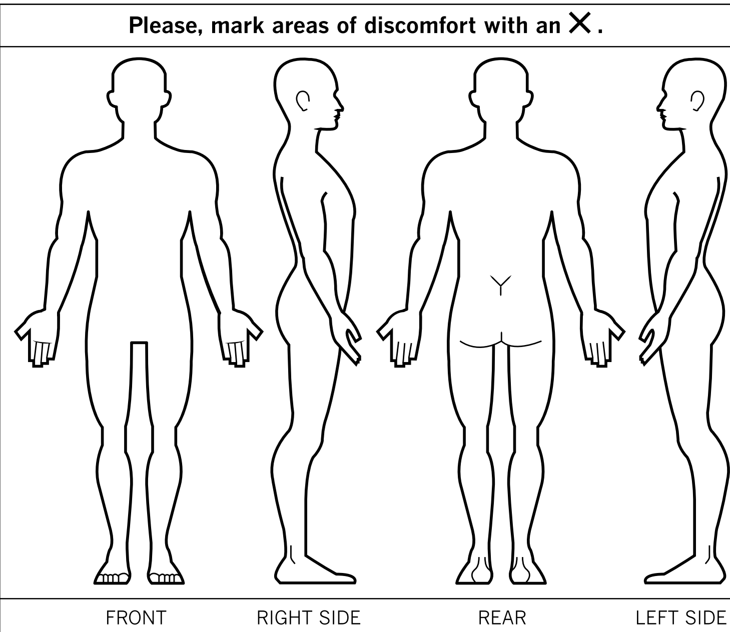
(Check boxes, here.)

Your goal for bodywork, today?	Relaxation ☐	Rehabilitation ☐	High Activity Level Maintenance ☐
Your preferred type of touch?	Light/Meditative ☐	Heavy/Invigorating ☐	Deep/Trigger Point ☐

Please, check all that apply.

- skin conditions ☐
- deep vein thrombosis/ blood clots ☐
- bruise easily ☐
- recent trauma/ surgery ☐
- hemophilia ☐
- epilepsy ☐
- artificial joint ☐
- pregnancy ☐
- cuts/burns/ poison ivy ☐
- high/low blood pressure ☐
- allergies ☐
- heart condition/ pacemaker ☐
- phlebitis ☐
- circulatory disorder ☐
- hearing aids ☐
- varicose veins ☐
- headaches/ migraines ☐
- insomnia ☐
- whiplash ☐
- auto immune condition ☐
- fibromyalgia ☐
- TMJ ☐
- carpal tunnel syndrome ☐
- scoliosis ☐
- diabetes ☐
- cancer ☐
- cold/flu ☐

Please, mark areas of discomfort with an X.



FRONT RIGHT SIDE REAR LEFT SIDE

EMERGENCY CONTACT INFORMATION

NAME	
PHONE	( )

(1.) I understand that although bodywork can be healing, relaxing and reduce muscular tension, it is not a substitute for a medical exam, diagnosis or treatment.

(2.) Sexual remarks will result in the termination of the session and I will be liable for the payment of scheduled treatment.

(3.) Understanding that bodywork should not be done under certain medical conditions, I affirm that I have answered all of the questions truthfully and to the best of my current knowledge.

CLIENT SIGNATURE ______________________

DATE ______________________

updated 08122016