

# Massage Intake Form

1507 Riverside Ave, Suite 204, Fort Collins, CO 80524 · (605) 593-1338 · hello@zendaispa.com

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Please complete this form before your first session. Your answers help Amy tailor a safe, effective bodywork plan and stay confidential.

## Client Information

Full Name

Date of Birth

Phone

Email

Address

Emergency Contact

Emergency Phone

Occupation

Primary Care Physician

## Reason for Today's Visit

What brings you in today? (pain, tension, recovery, relaxation, injury, etc.)

Pain level (0–10)

How long has it been an issue?

What makes it better or worse?

Previous massage / bodywork / chiropractic / PT

## Health History

Please mark any condition that applies to you:

Yes  No Pregnant or nursing

Yes  No Recent surgery (last 6 months)

Yes  No High or low blood pressure

Yes  No Heart condition

Yes  No Blood clots / DVT history

Yes  No Varicose veins

Yes  No Diabetes

Yes  No Osteoporosis

Yes  No Fibromyalgia

Yes  No Neuropathy / numbness or tingling

Yes  No Headaches / migraines

Yes  No Skin conditions (rash, infection)

Yes  No Cancer (current or past)

Yes  No Arthritis (RA/OA)

Yes  No Autoimmune disorder

Yes  No Recent injury, sprain or fracture

Yes  No TMJ dysfunction

Yes  No Contagious illness today

**Current medications & supplements**

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**Allergies (oils, lotions, latex, scents, medications)**

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**Surgeries, accidents or injuries (with dates)**

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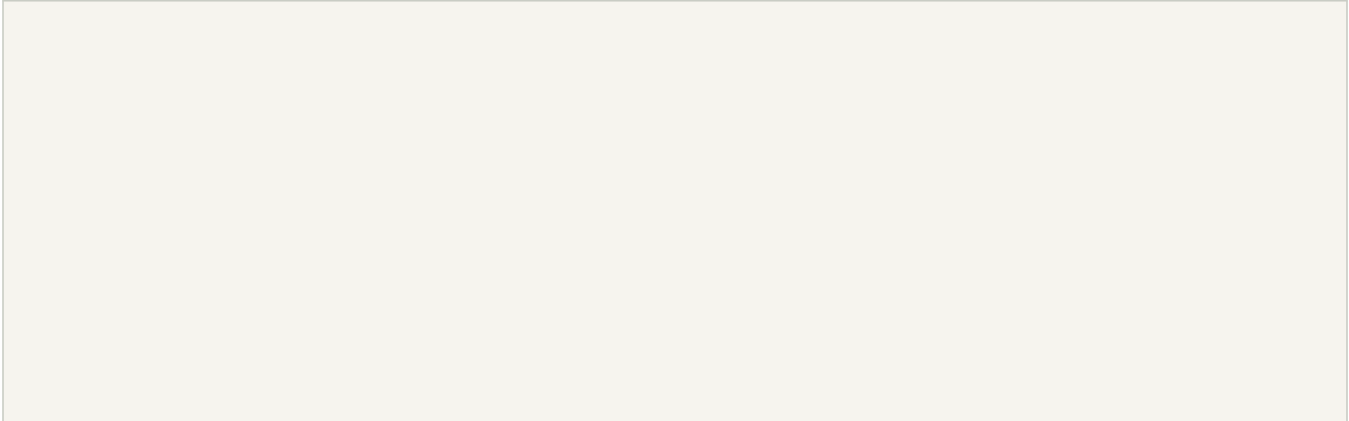
# Massage Intake — Body Map & Consent

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## Areas of Concern

Mark or describe areas of pain, tension, restriction, or areas to avoid:



**Pressure preference (light / medium / firm / deep) and any areas to avoid**

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## Informed Consent

I understand that massage therapy is provided for stress reduction, relaxation, relief of muscular tension, and improvement of circulation and energy flow. I understand that massage therapy is not a substitute for medical care, and I have been advised to see a physician for any physical ailment I may have. I confirm that the information I have provided is true and complete, and I will inform my therapist of any changes in my health or medications.

Draping will be used at all times during my session; only the area being worked on will be uncovered. I understand I may end the session at any time, and that any sexual or inappropriate behavior will result in immediate termination of the session.

I release Zendai Spa and its practitioner from any liability for adverse reactions resulting from undisclosed conditions or failure to follow recommendations.

**Client Signature**

**Date**

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## Cancellation Policy

I understand that Zendai Spa requires at least 24 hours' notice to cancel or reschedule. Late cancellations and no-shows may be charged up to 100% of the scheduled service.

**Client Signature**

**Date**

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