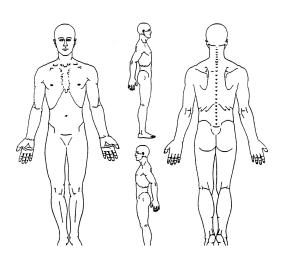
Emily Gatewood Massage Therapy Client Intake Form

Nan	ne Phone
Add	dress
City	y/State/Zip
ema	ail
Dat	e of Birth Occupation
	e following information helps me plan a safe and effective massage therapy session. ase answer the questions to the best of your knowledge.
1.	Have you had a professional massage before? Yes No
	If yes, how often do you receive massage therapy?
2.	Do you have any difficulty lying on your front, back, or side? Yes No
	If yes, please explain
3.	Do you have any allergies to oils, lotions, or ointments? Yes No
	If yes, please explain
4.	Do you have sensitive skin? Yes No
5.	Are you wearing:
	contact lenses dentures hearing aids
6.	Do you sit for long hours at a workstation, computer or driving? Yes No
	If yes, please describe
7.	Do you stand for long hours during a day? Yes No
8.	Do you perform any repetitive movement in work, sports, or hobby? Yes No
	If yes, please describe
9.	Do you experience stress in your work, family, or other aspect of your life? Yes No
10.	Is there a particular area of the body where you are experiencing tension, stiffness, or pain?
	If was place indicate on the diagram below:



Do you have any particular goals in mind for this session?							
Are th	nere any areas you would prefer	to avoid?					
Do yo	u have a preference for music?	For examp	ole, classical, na	ture sounc	ds, or none?		
What	kind of pressure do you like?	Light	Moderate	Firm	Very Firm		
Trust yawn intest	ollowing sometimes occur during your body to express what it not ing, change in breathing / stometinal gas / energy shifts / falling and sign be	eeds to: ne ach gurglir ing asleep	ed to move or o	change pos	sition / sighing,		
 I understand that although massage therapy can be very therapeutic, relaxing and reduce muscular tension, it is not a substitute for medical examination, diagnosis, 							
2.	and treatment.This is a therapeutic massage and any sexual remarks or advances will terminate the session and I will be liable for payment of the scheduled treatment.						
3.	3. If I experience pain or discomfort during the session, I will immediately inform my massage therapist so that the pressure and style of work can be adjusted to my level of comfort.						
4.	4. I understand it is my responsibility to inform the massage therapist of any medical conditions that could affect the safety or efficacy of the session.						
5.	5. I understand that massage therapy should not be done under certain medical conditions, and I affirm that I have answered all questions pertaining to medical conditions truthfully.						
Signature			Date				