



MODERN SALON & SPA

## MASSAGE INTAKE FORM

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Join Modern Loyalty:  YES  NO

*Complimentary Rewards program. Earn points for every service and product purchased.*

Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Referred by: \_\_\_\_\_

Emergency Contact Name & Number: \_\_\_\_\_

Pressure preference: LIGHT      MODERATE      DEEP

Massage preference: RELAXATION      BODYWORK      FUSION

Are you pregnant? YES      NO

If yes, how many weeks? \_\_\_\_\_

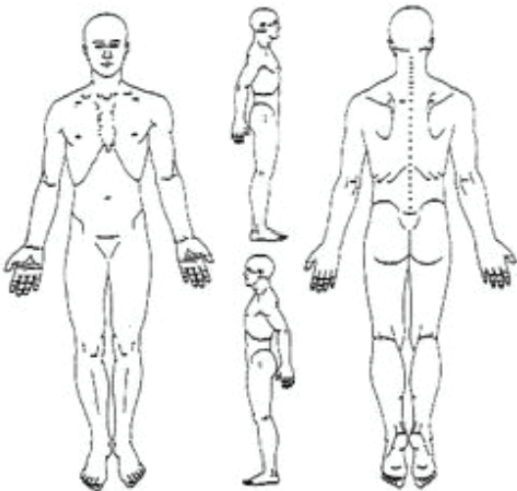
**CURRENT MEDICATIONS:** *(Including vitamins, and/or herbs, both topical and internal.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate areas of discomfort on the diagrams below:



**CONDITIONS:** *(check all that apply)*

- |   |  |
|---|--|
| <input type="checkbox"/> HIGH/LOW BLOOD PRESSURE        | <input type="checkbox"/> ASTHMA            |
| <input type="checkbox"/> FIBROMYALGIA                   | <input type="checkbox"/> DIABETES          |
| <input type="checkbox"/> VARICOSE VEINS                 | <input type="checkbox"/> NEUROPATHY        |
| <input type="checkbox"/> CIRCULATORY ISSUES             | <input type="checkbox"/> EDEMA             |
| <input type="checkbox"/> CARDIAC ISSUES                 | <input type="checkbox"/> SUNBURN           |
| <input type="checkbox"/> LYMPHEDEMA                     | <input type="checkbox"/> OPEN WOUNDS       |
| <input type="checkbox"/> DEEP VEIN THROMBOSIS/PHLEBITIS | <input type="checkbox"/> ECZEMA            |
| <input type="checkbox"/> HYPO/HYPERTHYROIDISM           | <input type="checkbox"/> PSORIASIS         |
| <input type="checkbox"/> HEADACHES / MIGRAINES          | <input type="checkbox"/> ARTHRITIS         |
| <input type="checkbox"/> OSTEOPENIA / OSTEOPOROSIS      | <input type="checkbox"/> TMJ               |
| <input type="checkbox"/> TENDONITIS                     | <input type="checkbox"/> LUPUS             |
| <input type="checkbox"/> BURSITIS                       | <input type="checkbox"/> SPRAINS / STRAINS |
| <input type="checkbox"/> HYPO/HYPERGLYCEMIA             |  |
| <input type="checkbox"/> OTHER: _____                   |  |

**MEDICATIONS:**

- |                 |          |       |
|-----------------|----------|-------|
| NARCOTICS       | YES / NO | _____ |
| BLOOD THINNERS  | YES / NO | _____ |
| CORTICOSTEROIDS | YES / NO | _____ |
| ANTIDEPRESSANTS | YES / NO | _____ |
| ANTI-ANXIETY    | YES / NO | _____ |
| MUSCLE RELAXERS | YES / NO | _____ |
| ANTI-SPASMODICS | YES / NO | _____ |
| OTHER           |          | _____ |

**GENERAL AND MEDICAL:** *(Please circle YES or NO for each question below, giving short explanations if necessary.)*

YES      NO      **Have you ever received a professional massage? If yes, how often do you receive massages?**

YES      NO      **Are you currently under the care of a physician? If yes, please explain.**

YES      NO      **Are you currently suffering from a cold or fever?**

YES      NO      **Do you have limited range of motion stemming from injury, joint replacement, surgery, etc.?**

YES      NO      **Are you sensitive to touch/pressure in any area?**

YES      NO      **Do you have numbness / stabbing pains?**

**INFORMATION AND SUGGESTIONS:**

*Prior to your massage, remove contact lenses and all jewelry. Pull long hair back and off the nape of the neck. As a rule, massage is given while you are unclothed, however we encourage you to undress to your comfort level; you may keep your undergarments on or wear a swimsuit. You will be covered with a sheet and a blanket at all times; the only part of the body that is undraped at any given time is that which the therapist is currently working on. Feel free to give your therapist feedback on pressure/technique, pointing out areas that are painful or ticklish. Your therapist is a highly trained professional and aims to make you feel fully informed and comfortable throughout your massage.*

**PLEASE TAKE A MOMENT TO READ THE FOLLOWING INFORMATION  
AND SIGN AND DATE WHERE INDICATED:**

*I, \_\_\_\_\_, understand that any massage/bodywork I receive from Modern Salon & Spa is for the sole purpose of relaxation, stress relief, and muscular tension relief. I understand that my massage therapist cannot diagnose or prescribe and that nothing said within a session should be construed as such. I understand that massage therapy is not a substitute for medical care and that it is recommended that I work with my primary care physician should any medical condition arise. I affirm that I have stated all known medical conditions and medications. I agree to update my therapist, should any changes occur in my medical profile and that there shall be no liability on the part of the therapist or Modern Salon and Spa, should I neglect to do so. I understand that there are certain conditions which could make me an unsuitable candidate for massage and that I may not be able to receive this or any service without a written release from my physician.*

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_