



# RELAXATION MASSAGE

*client intake form*

## CLIENT INFORMATION

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

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

## HEALTH INFORMATION

Are you currently under a doctor's care for any condition?  Yes  No  
*If yes, please specify:* \_\_\_\_\_

Do you have high or low blood pressure?  Yes  No  
*If yes, please specify:* \_\_\_\_\_

Do you have any heart conditions or circulatory issues?  Yes  No  
*If yes, please specify:* \_\_\_\_\_

Do you have any recent injuries, surgeries, or chronic pain?  Yes  No  
*If yes, please specify:* \_\_\_\_\_

Are you pregnant or trying to become pregnant?  Yes  No  
*If yes, please specify:* \_\_\_\_\_

Do you have any allergies to oils, lotions, or fragrances?  Yes  No  
*If yes, please specify:* \_\_\_\_\_

## AREAS OF FOCUS / PREFERENCES

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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