



New Client Intake and Policy Agreement

Name: _____

Address: _____

Date of Birth: _____ Phone Number: _____

Occupation: _____ Email: _____

Would you like to receive our monthly email newsletter? Yes _____ No _____

Hobbies / Exercise: _____

Medical Conditions / Surgeries / Medications that would affect the massage:

Have you received a massage before? If so, what type: _____

What specific areas would you like worked on this session? _____

I agree and understand that massage therapy is for the purpose of relaxation and alleviation of muscle soreness. Massage is not a substitute for medical, physical, emotional diagnosis, and treatment. I have discussed my preferences, injuries, accidents, and medication with my massage therapist and will inform them during the session if pressure or temperature need to be adjusted. I agree that massage therapy is non-sexual and any inappropriate contact or dialogue will lead to immediate termination of the session with full payment due.

Client Signature

Date

Massage Therapist Signature

Date