LUXE UNLIMITED™
SALON AND SPA

MASSAGE INTAKE FORM:

Client Information:

Client Name: _____ Date of Birth: _____ Male/Female

Emergency Contact: _____ Emergency Phone: _____

Please list all medical conditions: _____

_____

Are you taking any medications? If so, please list- including prescription and over-the-counter:

_____

Do you have any allergies/sensitivities? (Please circle) Yes / No **If so, please list**: _____

Are you currently pregnant? (Please circle) Yes / No **If so, how far along?** _____

Do you suffer from chronic pain? (Please circle) Yes / No If so, please explain: _____

_____

Please list all surgeries and/or orthopedic injuries: _____

_____

Do you exercise regularly? (Please circle) Yes / No **If so, how often** ? _____

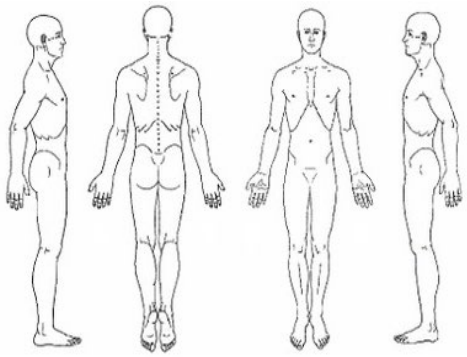
Have you ever had a professional massage before? (Please circle) Yes / No

What type of massage do you prefer? (Please circle) Relaxation / Therapeutic

What type of pressure do you prefer? (Please circle) Light / Medium / Deep

Are there any areas that you do NOT want massaged? If so, please list: _____

Are you currently experiencing any pain or discomfort? (Please circle) Yes / No
Please use the pictures below to mark where you are experiencing any pain/discomfort.



Reviewed by: _____ *(Staff Initials)* Notes: