



**Moonstone Massage**  
for your health and healing

### Client Intake Form

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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

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

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

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

How do you prefer to be contacted? Phone: \_\_\_\_\_ Text: \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about Moonstone Massage? \_\_\_\_\_

Have you been to a massage therapist before today? If so, when was last visit? \_\_\_\_\_

Are you currently under a doctor's care? \_\_\_\_\_ Doctor's name: \_\_\_\_\_

If yes, for what condition? \_\_\_\_\_

Medications/supplements? \_\_\_\_\_

Pregnant? \_\_\_\_\_ How many weeks? \_\_\_\_\_

Please circle any of the following that apply to you:

- |               |                 |                     |              |
|---------------|-----------------|---------------------|--------------|
| Sinusitis     | Backache        | Headaches           | Migraines    |
| Neck aches    | Feet/leg aches  | Poor circulation    | Arthritis    |
| Shoulder pain | Skin rashes     | Strokes             | Fibromyalgia |
| Diabetes      | Varicose veins  | High blood pressure | Osteoporosis |
| Numbness      | Chronic fatigue | Depression          | Thrombosis   |

Any other condition not listed above? \_\_\_\_\_

Have you ever had serious accident/injury? \_\_\_\_\_

What do you hope to benefit from massage therapy today? \_\_\_\_\_

Please read the following and sign below:

I understand that massage is not a substitute for medical or chiropractic care and that the therapists do not diagnose medical conditions. I affirm that it is safe for me to receive massage therapy. I understand that I am expected to provide 24-hours notice for cancellation. I further understand that payment is expected for the time I have reserved in the event of late cancellation or missed appointments, unless other arrangements are made.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_