Sawaddee
Massage & Wellness

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Client Intake Form

Personal Information

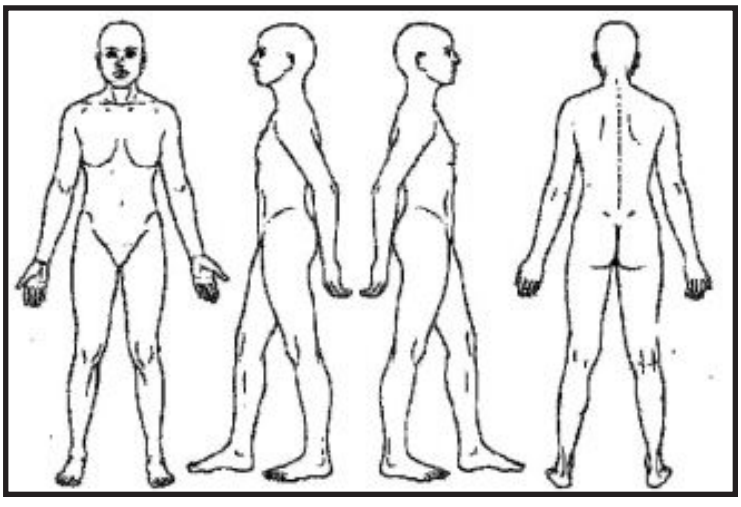
Name _____ Phone (Cell) _____ (Home) _____
Address _____ City/Province/Postal Code _____
Email _____ Date of Birth _____ Occupation _____
Emergency Contact _____ Phone _____
Physician _____ Phone _____

Massage Information

How did you hear about us? _____
Have you ever had a professional massage before? ☐Yes ☐No
If yes, how often do you receive massage theraphy? _____
If yes, do you have a style or pressure preference? ☐Yes ☐No
Specify: ☐light pressure ☐medium pressure ☐deep pressure
☐trigger point theraphy ☐energy work
☐Other _____
What type of massage are you seeking today?
☐Relaxation ☐Deep Tissue/Therapeutic ☐Pregnancy
☐Senior ☐Integrated Bodywork *(functional)*
☐Other _____
Are you sensitive to fragrances or perfumes? ☐Yes ☐No
Do you have sensitive skin? ☐Yes ☐No
Do you wear contact lenses? ☐Yes ☐No
Do you exercise regularly? ☐Yes ☐No
If so, what type(s)? _____
What are your common areas of pain or tension?

_____
_____
_____

Circle any specific areas you would like the massage therapist to concentrate on during the session:



Medical History

Do you suffer from chronic or persistent pain/discomfort?
_____
If so, for how long? _____
Do you know what caused it or when then symptoms seem to get worse or better? _____
_____
Do you see a chiropractor? ☐Yes ☐No
If so, how often? _____
Are you currently under medical care? ☐Yes ☐No
Are you currently taking any prescription medication?
If so, for what? _____
_____
_____
_____

Please indicate any conditions that you have had or currently have:

☐ headaches, migraines
☐ allergies, sensitivity
☐ arthritis, tendonitis
☐ cancer, tumors
☐ TMJ problems
☐ abnormal skin condition
☐ heart/circulation problems
☐ joint replacement/surgery
☐ high/low blood pressure
☐ major accident
☐ lack of or reduced feeling/sensation _____
☐ varicose veins
☐ pregnancy
☐ blood clots
☐ neck/back injuries
☐ diabetes
☐ paralysis
☐ fibromyalgia
☐ numbness
☐ sprains, strains
☐ recent injuries

Explain any conditions that you have marked above:

_____
_____
_____