



Moon Language Massage Intake Form

Personal Information

Name _____ Phone _____ Date _____

Address _____ City/State/Zip _____

Email _____

Emergency Contact _____ Relationship _____ Phone _____

How did you hear about Moon Language Massage? _____

Massage Information

Have you had a professional massage before? yes no

What type of massage are you seeking? Relaxation Therapeutic/Deep Tissue

What pressure do you prefer? Light Medium Deep

Do you have any allergies or sensitivities? No Yes Please explain: _____

Are there any areas (feet, face, abdomen, etc.) you do not want massaged? yes _____ no

Health Information

Please circle your stress level: (Low) 1 2 3 4 5 (High)

Please briefly describe any current or recent illnesses, injuries, events or hospitalizations that would help me provide holistic care for you.

Are you taking any medications? yes no

If yes, please list name and use: _____

It is my choice to receive massage therapy. I realize that the treatment provided is intended to improve the well-being of my body and mind. This includes stress reduction, relief from muscular tension, spasm and/or pain, and/or for increasing circulation or energy flow. I agree to communicate with my practitioner any time I feel my wellbeing may be compromised. I understand that massage practitioners do not diagnose illness, disease, or any physical or mental disorder; nor do they prescribe medical treatment, pharmaceuticals, or perform spinal manipulations. I acknowledge that it is recommended that I see a primary health care provider for that service. I have stated all medical conditions that I am aware of and will update the massage practitioner of any changes in my health status.

Signature: _____ Date: _____