

ALL STAR MASSAGE CLIENT INTAKE FORM

Date: _____

Name: _____ Gender: M _____ F _____

Address: _____

City: _____ State: _____ Zip: _____

Best number to reach you? Home/Work/Cell Phone #: _____

Date of birth: _____ Email address: _____

Occupation: _____

Name of Spouse/Significant Other: _____

Any Allergies/Injuries/Surgery, when & what? _____

Goals for today's massage session. Check one: Relaxation _____ Rehabilitation _____

How did you hear about All Star Massage?

Google _____ Facebook _____ Yelp _____ Other internet site (please name) _____

Friend (please name) _____

In Case of Emergency, Please notify:

Name: _____ Telephone #: _____

Relationship: _____

PLEASE READ AND AGREE AND INITIAL THE FOLLOWING THREE STATEMENTS:

1) I understand that massage is designed for the purpose of relaxation and relief from tension, muscle spasms or poor circulation. The massage therapist cannot diagnose medical issues or conditions.

PLEASE INITIAL _____

2) I understand that there is a 24 hour cancellation policy and that if I miss an appointment or do not cancel by giving 24 hours advanced notice, All Star Massage and Spa reserves the right to charge me a fee up to the full amount of my appointment. PLEASE INITIAL _____

3) I agree that this is a professional service and that any suggestion for anything of a sexual nature will terminate the service and I will be responsible for full payment. PLEASE INITIAL _____

Signed: _____

PLEASE PRINT AND BRING THIS COMPLETED INTAKE FORM TO YOUR INITIAL MASSAGE APPOINTMENT