

Harmony Wellspring Massage Therapy Intake Form

Name: _____

Address and email address: _____

Phone Number (cell, home, work): _____

Date of Birth and age: _____

Primarily, where did you grow up: _____

Occupation: _____

Major complaints: _____

Recent (in the last year or two) injuries or surgeries:

Long ago injuries, surgeries, bone breaks, scars, child birth, etc.:

Medications, Allergies: _____

Anything else you feel I should be aware of: _____

Of course, Massage Therapy and bodywork are not meant to be a substitute for medical care. Please sign below to indicate your concurrence to the previous sentence and affirm that you are obtaining the professional care you need for standard ailments.

_____ date _____

Thank you for letting me be a member of your wellness team!