

MESSAGE CLIENT INTAKE FORM

Business Name: _____

Date: _____

Simple client intake form for massage practices. Focuses on contact info, health screening, and service preferences. Great for spa and relaxation massage.

** Required fields*

Full Name *

Email *

Phone Number *

Date of Birth *

How did you find us?

Options: Google / Yelp / Friend/Family / Instagram / Hotel referral / Other

Type of massage preferred *

Options: Swedish/Relaxation / Deep Tissue / Hot Stone / Sports Massage / Prenatal / Couples / No preference

Session length *

Options: 30 minutes / 60 minutes / 90 minutes / 120 minutes

Pressure preference *

Options: Light / Medium / Firm / Deep

Focus areas

Neck, shoulders, lower back, feet...

Areas to avoid

Health conditions or allergies

Blood pressure issues, recent injuries, allergies to oils/lotions...

Are you pregnant? *

Options: Yes / No / N/A

Music preference

Options: Soft/ambient / Nature sounds / No music / No preference

Room temperature preference

Options: Warm / Cool / No preference

Client Signature: _____

Date: _____

Print Name: _____