Candice Burt, LMP
Health Intake for Massage Therapy

Contact Information

Name: _____

Phone:_____

Email: _____
Would you like to be on my email list and receive emails when i have openings and specials?
yes no

Address: _____

_____

What's your occupation?

Regular activities, hobbies, sports:

Athletes, what is your typical week of workouts look like?

What areas of your body do you hold tension in or regularly experience pain?

Do you regularly experience any of the following, please explain:

numbness
tingling
pain
muscular tension
headaches
cramps/spasms
tendinitis
arthritis pain

Have you been diagnosed with any diseases or medical conditions? Please explain

Please list any medications, including pain relievers:
Please list any major accidents, injuries, surgery:

What are your massage treatment goals?

-just a relaxation massage, stress relief
-injury treatment
-structural bodywork/deep tissue
-sports massage/athletic enhancement

_____
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_____
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_____
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Are you coming in for structural bodywork? If so, what are your treatment goals (what do you want to work on specifically)

What kind of pressure do you usually like with massage (light, moderate, deep, very deep)

Do you have any allergies or aversion to massage oils or essential oils (lavender, cedar, etc)?

Where did you hear about me?

Anything else I should know before we get started?

During the massage: please let me know if you need more or less pressure. The heat in the room can always be adjusted, so you're welcome to let me know if you are too hot or cold.

Please note that I have a **24 hour cancellation policy**. *If you do not cancel your appointment with 24 hour notice or more there will be a $60 fee*, unless I am able to fill your spot with someone else. Thank you for respecting my time.

Your signature:_____
Date:_____