

# Spectrum Center School of Massage

Event Date: \_\_\_\_\_

## Client Intake Form

For our records, please complete the information below and give it to your massage practitioner:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

What is your event, today? \_\_\_\_\_

Have you stretched \_\_\_\_\_ hydrated \_\_\_\_\_ warmed up/cooled down \_\_\_\_\_ ?

Do you currently have any medical condition which could be affected by today's massage? Yes \_\_\_ No \_\_\_

If yes, please explain. \_\_\_\_\_

Are you currently under the care of a health care provider? Yes \_\_\_ No \_\_\_

Have you had a recent injury or illness? Yes \_\_\_ No \_\_\_

If yes, please explain. \_\_\_\_\_

Please list the areas for which you would like specific attention: \_\_\_\_\_

Spectrum Center School of Massage students do not diagnose pathology, treat injuries, or stretch athletes during an event massage session. Athletes are referred to the appropriate authority for the assistance in the above mentioned. Massage students are not responsible for the aggravation of conditions which were present but not disclosed to the practitioner at the time of massage and which may be affected by massage.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

**Parent/Guardian permission, signature, and a phone number are required for persons under age 18.**