



(901) 586-6899
2500 Mt. Moriah Rd, Building H Suite 260
Memphis TN 38115
www.shanpaulmassage.com

Client Intake Form – Therapeutic Massage

Name _____ Date _____
FIRST M.I. LAST

Address _____ City _____ St _____ Zip _____

Home phone _____ Cell Phone _____ Work Phone _____

Email _____ Date of Birth _____

Occupation _____ Referred by _____

Emergency Contact _____ Phone _____

The following information will be used to help plan safe and effective massage sessions. Please answer the questions to the best of your knowledge.

1. Have you had a professional massage before? Yes No
If yes, how often do you receive massage therapy? _____
2. Do you have any difficulty lying on your front, back, or side? Yes No
If yes, please explain _____
3. Do you have any allergies to oils, lotions, ointments, or any fragrant notes? Yes No
If yes, please explain _____
4. Do you have sensitive skin? Yes No
5. Are you wearing contact lenses, dentures, or hearing aid?
6. Do you sit for long hours at a workstation, computer, or driving? Yes No
If yes, please describe _____
7. Do you perform any repetitive movement in your work, sports, or hobby? Yes No
If yes, please describe _____
8. Do you experience stress in your work, family, or other aspect of your life? Yes No
If yes, how do you think it has affected your health? muscle tension anxiety insomnia irritability other

9. What type of pressure do you prefer? gentle moderate Deep
10. Are there any areas you do not want massaged? _____
11. Are there any areas where you are extremely ticklish or sensitive? _____