



Confidential Client Intake Form

Full Name: _____ Date: _____
Address: _____ City _____ State _____ Zip _____
Phone: _____ 2nd #: _____ Date of Birth: _____
E-mail Address: _____
Emergency Contact: _____ Phone: _____
How did you hear about "Utopia"? _____
Height: _____ Approx. Weight: _____ Occupation: _____

Is this your first massage? Y/N

Do you prefer a light relaxing massage? Y/N or
Deep Tissue? Y/N

Please Remember... YOU are in charge of your massage. If you are experiencing any pain or discomfort, or are not feeling the intensity of deep tissue work that you have requested, Please inform the therapist so the pressure/strokes can be adjusted to meet your expectations. We want this to be a wonderful experience for you!

Are you currently taking any medications? Y/N

If yes, Please list: _____

Any known allergies? Y/N (We Do use some Nut Based Oils)

Medications, Foods (Nuts, etc.), Dust, Pollen, Fragrances, Skin Care Oils (Mint, Lavender, Etc.) _____

Are you Pregnant? Y/N In what Trimester? _____

Do you have any implants? Y/N Where? _____

Do you wear contacts? Y/N Wearing now? Y/N

Any Areas You DO NOT want treated? Please Circle:

Head, Face, Neck, Ears, Shoulders, Chest (Men), Chest/ above breasts (Woman), Arms,
Hands, Fingers, Legs, Feet, Toes, Buttocks

Any problem areas you'd like therapist to concentrate on?

Please Continue to Other Side of Form

Do you currently have any medical condition? Please Circle.

Fibromyalgia
Chronic Fatigue
Spasm/Cramps
Sprain/Strains
Gout
Osteoporosis/ Arthritis
Diabetes
Headaches
High/Low Blood Pressure
Blood Clots
Ulcers/ Irritable Bowel
Emotional Stress
Sciatica
Cancer
Infectious Condition
Heart Conditions
Scoliosis

Seizures
Depression/ Anxiety
Hernias
Stroke
Chronic/Acute Pain
Constipation/Diarrhea
Insomnia
Skin Conditions/Disorders
Back Problems
Joint Pain
Substance Abuse
Kidney Ailment
Open Wound or Sore
Carpel Tunnel Syndrome
Cold/Flu
Injury/Bruises
Anything Contagious

Other: Please explain _____

Please Read and Sign...

I understand that Massage Therapy & Body treatments can be very relaxing and rewarding, but that they are NOT substitutes for a medical examination, diagnosis and/or treatment. Massage Therapists are NOT Physicians, and therefore cannot diagnose disease, prescribe medication, manipulate bones, or treat any medical or mental illness, and I understand that nothing implied by my Service Provider should be interpreted as such. I also understand that Body Work should not be performed under certain medical conditions, and I attest that I have answered all the medical questions truthfully and completely. This is a therapeutic treatment, and I understand that any sexually explicit actions or remarks on my part will cause my treatment to be terminated immediately, and I will be liable for the full payment of my scheduled service/services. I've been informed that 24 hours notice of cancellation of services is required or I will be charged half the price of my missed session/sessions, and, if I don't cancel my appointment/appointments and don't show up at all, I will be charged 100% of the fee for my missed session/sessions. Also, if I am late, my service/services will be performed as well as possible in the remaining allotted time of my appointment.

Client Signature: _____ Date: _____

If under 18, Parent's signature: _____ Date: _____