## **Massage Therapy Intake Form**

Full Name
Date of Birth
Phone
Email
Address
Emergency Contact Name
Name
Phone
Tione
How did you hear about us?
Reason for Visit / Areas of Concern
Are you currently receiving medical treatment?
Are you currently receiving medical treatment:
Please list any medical conditions, injuries, or surgeries
Are you currently taking any medications?
Do you have allergies?
Is there anything else your therapist should know?