



## Intake Form

Welcome to Franklin Massage Center. We would like to make your visit with us as pleasant and comfortable as possible. Please fill out the following information. All information is confidential.

\_\_\_\_\_  
*Name* \_\_\_\_\_ *Date of Birth* \_\_\_\_\_

\_\_\_\_\_  
*Address* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP* \_\_\_\_\_

\_\_\_\_\_  
*Phone* \_\_\_\_\_ *E-mail* \_\_\_\_\_ *Occupation* \_\_\_\_\_

\_\_\_\_\_  
*How did you hear about us?*

Are you currently under the care of a healthcare professional? *(circle one)* Yes No

If yes, please list reason for treatment \_\_\_\_\_  
\_\_\_\_\_

Are you currently taking any medications? *(circle one)* Yes No

If yes, please list names and reason \_\_\_\_\_  
\_\_\_\_\_

Are you allergic to any skin care products and/or essential oils? *(circle one)* Yes No

If yes, please list \_\_\_\_\_  
\_\_\_\_\_

Is there any surgery, condition, etc, that has affected your health either recently or in the past? *(circle one)* Yes No

If yes, please list \_\_\_\_\_  
\_\_\_\_\_

What are your goals and needs for this therapy session? \_\_\_\_\_  
\_\_\_\_\_

Please read the following information and sign below:

I understand that although massage can be therapeutic, relaxing, and alleviating for muscle tension, it is not a substitute for medical examination, diagnosis, and treatment. Being that massage should not be performed under certain medical conditions, I affirm that I have answered all questions pertaining to medical conditions truthfully.

We value your business and appreciate your cooperation with our cancellation policy. Please respect our scheduling by keeping appointments whenever possible and providing 24 hours notice when cancelling or rescheduling appointments. We reserve the right to charge full price for the missed appointment.

\_\_\_\_\_  
*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_