**Keva Massage Client Intake Form**

Thank you for choosing Keva Massage for your wellness needs!
Please fill out the information requested below and send to keva@kevamassage.com

|  |  |
| --- | --- |
| **Name:**  | **Date:**  |
| **Occupation:**  | **Age:**  | **Gender:**  |
| **Address:**  | **City:**  | **State:**  | **Zip:**  |
| **Phone:**  | **Email:** |
| **Emergency Contact (EC):**  | **EC Phone:**  | **EC Relationship:**  |

**Are you currently under medical treatment?** (Please mark an “x”)

|  |  |
| --- | --- |
| Yes:  |  |
| No:  |  |

If so, what kind?

|  |
| --- |
|  |

**Do you currently have or have recently had any of the following conditions?**
(Please mark an “x”)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Diabetes: |  |  | Skin Conditions: |  |
| Autoimmune Disease: |  |  | Heart Conditions: |  |
| Headaches: |  |  | Cancer: |  |
| High Blood Pressure: |  |  | Heart Disease: |  |
| Arthritis: |  |  | Varicose Veins: |  |
| Pregnancy: |  |  | Sprains/Strains: |  |
| PTSD: |  |  | None of These: |  |
| Other: |  |  |  |  |  |

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**Consent**

I understand and agree to the following*: I understand that massage therapy involves neither the diagnosis nor treatment of any condition and is not a substitute for medical care. Draping will be used for the entirety of the session*.

I understand and agree to the following: *If I am uncomfortable for any reason, I may request to end the session and it will end promptly. If a client is under the age of 17, written consent from a guardian or parent is required. I affirm that I am able to receive massage therapy and that any information provided above does not prohibit me from doing so.*

**By typing my name and today’s date, I agree to the terms stated in the two paragraphs above.**

|  |  |
| --- | --- |
| Name:  | Date:  |

**Thank you again for choosing Keva Massage!**