



# Sunrise Spa Massage Intake Form

Name \_\_\_\_\_

**Any allergies?** (oils, lotions, nuts, fruits, skin, etc.) ☐ Yes ☐ No

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

**Are you pregnant?** ☐ Yes ☐ No

If yes, how many months: \_\_\_\_\_ Due date: \_\_\_\_\_

**Areas of broken skin?** (e.g., rash, wounds) ☐ Yes ☐ No

If yes, where? \_\_\_\_\_

**Do you have any of the following?** (check all that apply)

☐ Back / Neck problems

☐ Fibromyalgia

☐ Sciatica

☐ Blood clots

☐ Migraines / Headaches

☐ Tendinitis

☐ Bruise easily

☐ Neuropathy

☐ TMJ disorder

☐ Bursitis

☐ Osteoarthritis

☐ Varicose veins

**Please describe any injuries or health conditions:** \_\_\_\_\_

\_\_\_\_\_

**Reason for seeking massage:** ☐ Relaxation ☐ Specific problem

**Please list and describe any areas of discomfort:** \_\_\_\_\_

\_\_\_\_\_

By signing below, I acknowledge that I am aware of the benefits and risks of massage therapy and that I have completed this form to the best of my knowledge. I also agree to inform my massage therapist of any health or medical changes.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Google Review



Yelp Review

