



Take 5 Bodywork
Suzanna Young, State-Certified & Licensed Massage Therapist
www.Take5Bodywork.com • (805) 637-3586

Client Intake Form

Please fill out all information as accurately and thoroughly as possible. It is better that you give me what you consider too much information, rather than not give me enough information. If you need more space, please use the "Other Comments/Notes" section at the end.

Name: _____ **Today's Date:** _____

Address: _____ **City** _____ **State** ____ **Zip** _____

Work Ph: (____) ____ - ____ **Home:** (____) ____ - ____ **Cell:** (____) ____ - ____

Email: _____ **URL:** _____

Date of Birth: _____ **Profession:** _____

Emergency Contact: _____ **Phone:** _____

How did you learn about me? _____

What (specifically) would you like to receive from this massage? Any pain or tension? Areas you'd like me to focus on or avoid? _____

Please list any recent injuries: _____

Please list any recent surgeries (or any that may still be of issue) & how long ago: _____

Are you Pregnant __ or Trying to Get Pregnant __?

How far along at this time: _____ weeks

Any complications/comments? _____

Do you regularly or presently take medication or supplements for pain relief, blood thinning, blood pressure, or other health conditions? _____

