



Intake Form

General Information

Name: _____

Have you ever had a professional massage? Yes No

What pressure do you prefer? Light Medium Deep

(please mark areas of tension)

Please list any areas you do NOT want massaged:

Please list any medications you are taking:

Are you pregnant? Yes No N/A If so, how many weeks? _____

Please circle any of the following that apply:

Spinal Problems *Bruise Easily* *Surgery*

Allergies *Varicose Veins* *Diabetes*

High Blood Pressure *Heart Conditions*

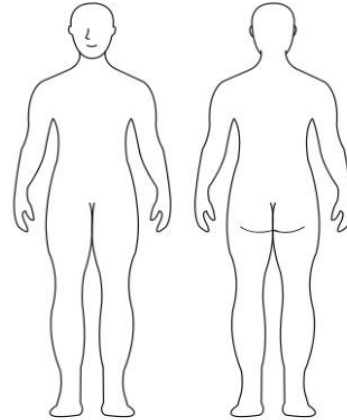
Injuries *Blood Clots*

Cancer *Stroke*

Please explain any of the above: _____

What are your goals for your massage today? _____

Are you under 18 years of age? Yes No



Tips for a Great Massage Experience

1. Please **disrobe to your comfort level**. Some prefer to remain in undergarments, while some prefer to be nude. Our fully licensed massage therapists are well trained in proper draping techniques, and are happy to accommodate your preferences.
2. Please don't hesitate to **speak up before, during, or after your session** - it is the goal of all of our therapists to provide the most effective and comfortable treatment possible.
3. Please find **located in your treatment room hangers and a large basket** for any clothing and/or belongings.
4. At mend, we strive to provide high quality services at a fair price. **Our massage prices include gratuity**, but you are welcome to tip extra for their fantastic work!