



Intake Form

General Information

Name: _____

Have you ever had a professional stretch? Yes No

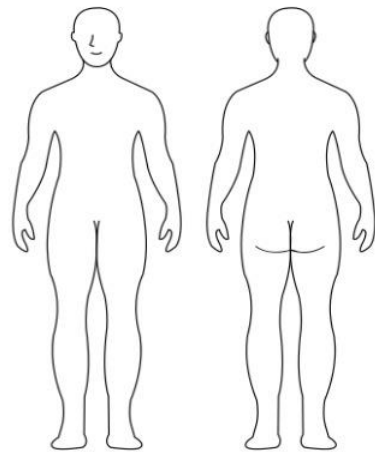
What pressure do you prefer? Light Medium Deep

(please mark areas of tension)

Please list any areas you do NOT want stretched:

Please list any current injuries:

Please list any surgeries or joint replacements:



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

What are your goals for your massage today? _____

Are you under 18 years of age? Yes No

General Information - Stretch

1. Please remain in **loose, comfortable clothing**. If clothing is too tight or restrictive, our massage therapist may ask to remove some article and use draping techniques to perform the stretch.
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 stretch prices include gratuity**, but you are welcome to tip extra for their fantastic work!