



EarthBound Holistics, PLLC

Lic# MA60979412

Massage Intake Form

Personal Information

Name _____ Pronouns _____ DOB _____

Sex at Birth _____

Phone _____ Email _____

Address _____

Occupation _____

Emergency Contact:

Name _____ Relation _____ Phone _____

How did you hear about us? _____

Health Information

Are you taking medications? ☐ yes ☐ no

If yes, please list names and uses:

Are you currently pregnant? ☐ yes ☐ no

If yes, how far along?

Any risk factors? ☐ yes ☐ no

If yes, please explain:

Do you have any allergies or sensitivities?

☐ yes ☐ no

If yes, please explain:

Do you suffer from chronic pain? ☐ yes ☐ no

no

If yes, please explain:

What makes it better?

What makes it worse?

Have you had ANY injuries/surgeries? ☐ yes ☐ no

yes ☐ no

If yes, please explain:

Please indicate any of the following that apply to you:

☐ Cancer ☐ Headaches/Migraines ☐

Arthritis ☐ Diabetes ☐ Joint Replacement(s)

☐ Neuropathy ☐ High/Low Blood Pressure

☐ Fibromyalgia ☐ Stroke ☐ Heart Attack

☐ Kidney Dysfunction ☐ Blood Clots

☐ Numbness ☐ Sprains or Strains

Explain any conditions you have marked above:

Massage Information

Have you ever had a professional massage?

☐ yes ☐ no

When?

Do you have any areas of discomfort? ☐

yes ☐ no

If yes, please describe the area:

What are your goals for this treatment session?

By signing below; you agree to the following:

I have completed this form to the best of my ability and knowledge and agree to inform my Massage Therapist if any of the above information changes at any time. I agree to the 24 hour late cancel/no show policy. 1st time is 50% of the service fee. 2nd time is 100% of the service fee. This fee will be charged to the card on file.

Client Signature Click or tap here to enter text.

Date Click or tap here to enter text.