



**BRIAN JOHNSON LMT**  
**SPORTS MASSAGE THERAPIST**  
Lic#16043

## Massage Intake form-confidential information

Welcome I would like to make your appointment as pleasant and comfortable as possible. If at any time you have questions regarding your session, please let me know.

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Occupation \_\_\_\_\_

Have you ever received Massage therapy before? \_\_\_\_ Yes \_\_\_\_ No

What kind of massage have you received (Swedish, deep tissue, sports, etc) \_\_\_\_\_

Are you currently taking any medications? \_\_\_\_ Yes \_\_\_\_ No

Are you currently seeing a health care professional? \_\_\_\_ Yes \_\_\_\_ No

Do you currently have any health concerns or skin conditions? (Diabetes, high blood pressure, HIV or Aids, poison oak, etc) Please list any conditions on the lines below.

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Do you have any Allergies that I need to know a bought? \_\_\_\_\_

What are your goals/expectations for your therapy session? (Relax, fix problem area, Etc.)

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Please read the following information and sign below:

1. I understand that although massage therapy can be very therapeutic, relaxing and reduce muscular tension, it is not a substitute for medical examination, diagnosis and treatment.
2. This is a therapeutic massage and any sexual remarks or advances will terminate the session and I will be liable for payment of the scheduled treatment.
3. Being that massage should not be done under certain medical condition, I affirm that I have answered all questions pertaining to medical conditions truthfully.
4. **If you have a deep tissue massage you might experience soreness for 2-3 days after. (Icing, and drinking water will help reduce this)**

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