



Mechanix Massage Intake

Name _____

Address _____

Occupation _____

Birthday _____ Phone _____

Email _____

Referred by _____

Is this your 1st time receiving massage therapy? y___n___

Type of pressure preferred? light___medium___deep___

Which do you prefer? quiet___small talk___bit of both___

Reason you are here/problem areas _____

Please list any health issues/recent surgeries/illness you may have _____

I understand that a massage therapist can not diagnose illness, disease or any other medical, physical or emotional disorder, nor perform any spinal manipulations. I am responsible for consulting a qualified physician for any physical ailments that I have. I will notify Kelly of any changes in my physical health.

Sign _____ Date _____