

INITIATE BALANCE

Personal Information

Name

Email

Date of Birth

Occupation

Address

Referred By

City, State, & Zip

Emergency Contact Name and Relationship

Home Phone

Emergency Contact Phone Number 1

Cell Phone

Emergency Contact Phone Number 2

Work Phone

Professional Massage Experience

What types of professional massage have you had (Swedish, shiatsu, deep tissue, etc.)?

How long have you been receiving massage therapy?

How often do you receive massages?

What type of pressure do you generally prefer (light, medium, firm)?

Are there any areas that you never want to be massaged (glutes, face, pecs, scalp)?

Client Signature

Today's Date
