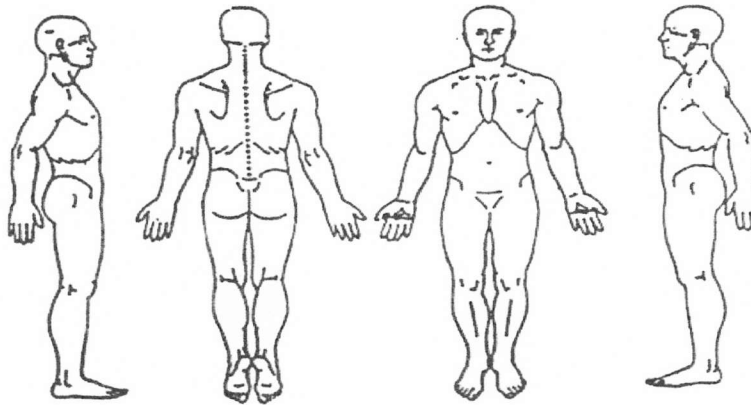


Amanda Salvaggio, LMT - Confidential Client Intake Form

Name _____ Date of Birth _____ Date of Initial Visit _____
 Address _____ City _____ State _____ Zip _____ Mobile Phone _____
 Home Phone _____ Work Phone _____ Email Address _____
 Best Method to Reach You _____ How did you hear about me? _____
 Occupation/Activities _____ Describe your stress level _____
 How well do you sleep? _____ How active are you? _____
 How much water do you drink in a day? _____ Do you have any skin problems right now? YES NO
 Do you ever have allergic reactions to skin creams? YES NO Have you ever received Massage Therapy?
 YES NO If YES, what frequency and type? _____ Do you prefer and would you enjoy any of the following?:
 Massage table to be heated? YES NO Hot Stones? YES NO Cold Stones? YES NO
 Hot towels? YES NO Hot Packs? YES NO Any or all of the above? YES NO
 What results would you like to achieve from your massage sessions? _____
 Is there any area that you would **NOT** like to receive massage? Back Neck Arms Hands Head
 Face Legs Feet Buttocks Abdomen Prioritize the areas that you would prefer to be massaged _____
 What type of touch do you prefer? Light/Relaxing Medium-Heavy Deep/Trigger Point What, if any, areas of your body are you experiencing discomfort now? _____

Shade in or circle your areas of discomfort below.



Do you have any other health conditions or any thing else that I should be aware of? YES NO Explain _____

I understand that this massage is for general wellness purposes and not a replacement for medical care and that no diagnosis will be made.

Signature _____ Date _____

****Your comfort and satisfaction are my highest priority, and everyone's preferences are different, so please don't hesitate to speak up about the pressure or temperature or anything else or ask questions at any time. If you really enjoy your massage please tell others, like us on FB, and write an online review. I greatly appreciate it! Thanks so much!****