



**MESSAGE INTAKE FORM**

*All provided information will be kept strictly confidential.*

This information is critical to your treatment in The Spa at Massanutten as it may affect the manner in which your therapist structures your session. Please print clearly and complete all sections of this form.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip Code

Occupation: \_\_\_\_\_ M F Date of Birth: \_\_\_\_\_

Reason for seeking massage: (circle all that apply) stress injury soreness relaxation other

Have you received massage before? Yes or No

Do you wear contact lenses? Yes or No Do you wear dentures? Yes or No

Do you have any rashes, sores, or cuts today? \_\_\_\_\_

Are you currently under a Physician's care? Yes or No

If yes, for what condition(s)? \_\_\_\_\_

List all medications and herbal supplements you take: \_\_\_\_\_

Allergies: (please list all) \_\_\_\_\_

Please indicate if you **currently** have any of the following symptoms:

Symptom	Yes	No	Location & Description
Infection			
Swelling or edema			
Numbness or abnormal sensation			
Pain or tenderness			

Please indicate **all medical conditions** for which you have been diagnosed:

Condition	Yes	No	Please Describe
Arthritis			
Diabetes			
Injuries			
Kidney or liver disease			
Respiratory or lung conditions			
Cardiovascular diseases			

I understand that massage therapists/practitioners are not trained in the diagnosis and treatment of disease. I confirm that I have consulted a medical doctor for all of the conditions circled above and have been given authorization to receive massage. I understand the health risks and benefits of massage, and I knowingly and voluntarily assume all risks of injury as a result of my decisions to request and accept treatment. I waive all claims by Great Eastern Resorts, the massage therapist/practitioner, their affiliated companies, and all their officers, directors, agents, and employees, and release them from any liability for any and all injuries arising from the massage treatment I receive. I further agree to indemnify and hold them harmless from and against all damages and expenses, including attorney's fees and other costs or defense, they may incur as a result of any claims made by me or on my behalf in connection with such treatment.

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

Massage Therapist/Practitioner: \_\_\_\_\_