

# Client Intake Form

Name:

Phone number (best number to reach you):

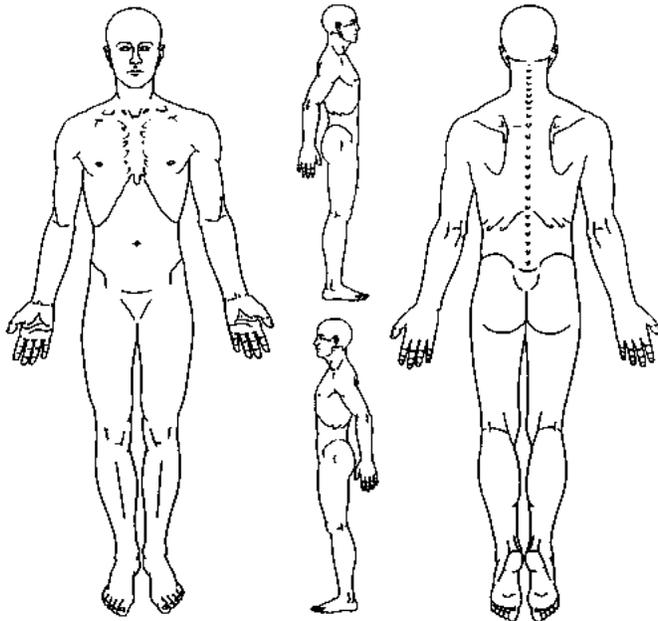
Email address:

Have you ever had a professional massage?

Do you exercise regularly or participate in sports? *(Please indicate type and frequency.)*

Do you have any of the following conditions?

- |                              |                             |   |
|------------------------------|-----------------------------|---|
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Frequent headaches?   |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Pregnancy or in vitro therapy?                              |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Arthritis or osteoporosis?                                  |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Skin conditions?  |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Botox or Derma-fillers?                                     |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Allergies?  |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Circulatory problems?                                       |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Cancer?   |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Have you ever broken a bone?                                |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Any injuries?   |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Have you ever had surgery?                                  |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Medical conditions or medications that I should know about? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Currently under a doctor's care? If yes, specify _____      |



Please mark any areas of pain, tenderness, tension, stiffness, swelling, injury, etc., and explain in detail below:



# Pentagon Athletic Center Massage

202.262.0724

pacmassage@gmail.com



**Massages are tailored to what you need.  
To include Swedish, Sports Massage, Deep Tissue,  
Trigger Point, Foot Massage, and Myofascial Release.**



## Scheduling:

Massages are by appointment only. Please call or email Kristine Leuvelink Goddard at 202.262.0724, pacmassage@gmail.com. Messages will be returned promptly. This form (front and back) must be filled out and signed prior to appointment.

## Policies:

- As a courtesy, appointments start and end as they are scheduled.
- To get the full amount of time scheduled, have payment ready – check or cash, and:
  - For Women: Please wear one of the sheets from the top shelf of the towel rack. Massage will be in the women’s locker room.
  - For Men: Please wear gym clothing. Massage will be in the lounge.
- **Cancellations:** If you need to cancel or reschedule, please do so at least 24 hours in advance. If you cancel within 24 hours, the fee is half the cost of the scheduled session. The fee for a no-show will be the full cost of the session.

## Pricing:

<b>Regular Services:</b> \$40 for 30 minutes \$65 for 50 minutes \$75 for 60 minutes \$1 per 1 minute of chair massage	<b>Additional Services:</b> Cupping - \$10 per session Parafin - \$10 per session Aromatherapy - \$5-\$10 per session Steam Pac - \$5 Sombra Sports Gel - \$5
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***I agree to the policies listed above. I have stated all my known medical conditions on the reverse side and take it upon myself to keep the massage therapist updated on my physical health.***

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_