

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
dd mm yyyy

## Massage Therapy Guest Intake Form

**Please complete the following profile information so that we may correctly evaluate your needs for massage therapy. This information is completely confidential and to be used only for this analysis.**

### General Information

Male  Female  Shoe Size \_\_\_\_\_ (for Raintree footwear issued for facial and body treatments)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Prov: \_\_\_\_\_

E-mail: \_\_\_\_\_ (used for sending birthday gifts and monthly e-news only. Your information is never rented or sold.)

Home phone #: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Profession: \_\_\_\_\_ Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
dd mm yyyy

How did you hear about our spa?

Publicity/Event  Referral  Referred by: \_\_\_\_\_

Gift Certificate  Newspaper  Other  (please specify): \_\_\_\_\_

When was your last visit to a spa? Within 4 weeks  1-6 mos  6 mos+  First Time

### Treatment Information

When was your last massage therapy session? Within 4 weeks  1-6 mos  6 mos+  First Time

What are your expectations for this visit? Prevention  Maintenance  Repair

Is this treatment addressing a workplace injury or motor vehicle accident injury? Yes  No

If Yes, is this treatment in conjunction with an ICBC or Worksafe BC Claim? ICBC  Worksafe BC

Please indicate any sore regions of your body by circling the areas on the graphics to the right:



