



**Business Name**  
**NEW MESSAGE CLIENT**

Welcome, please complete the following to inform us of any health problems you may be having and raise your awareness of any possible solutions.

Client Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*E-mail: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

How did you hear about our Massage Therapists with Massage Advantage? \_\_\_\_\_

\_\_\_\_\_  
Groupon/Living Social/Other Media Marketing Voucher #: \_\_\_\_\_ Groupon Bar Code #: \_\_\_\_\_