

# Massage Therapy Request Form

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

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Status:     Student     Faculty     Staff     Alumni     Family

Have you ever had a massage before?     Yes     No

If yes, what type and how often? \_\_\_\_\_

Do you prefer a male or female therapist?     Male     Female     Either

Specific therapist requested? List name \_\_\_\_\_

Do you currently have any tightness or discomfort?     Yes     No

What areas would you like your therapist to focus on? (please be as specific as possible)? \_\_\_\_\_

Are you interested in a 30 minute or 1 hour massage?     30 minute     60 minute

How many sessions are you interested in purchasing?

1 Session     3 Sessions     6 Sessions     12 Sessions

When are you available? (Please check all that apply)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> 9am – 11am	<input type="checkbox"/> 5am - 8am	<input type="checkbox"/> 7am - 10am				
<input type="checkbox"/> 11am - 1pm	<input type="checkbox"/> 8am - 10am	<input type="checkbox"/> 10am - 12pm				
<input type="checkbox"/> 1pm - 3 pm	<input type="checkbox"/> 10am - 12pm	<input type="checkbox"/> 12pm - 2pm				
<input type="checkbox"/> 3pm - 5pm	<input type="checkbox"/> 12pm - 2pm	<input type="checkbox"/> 2pm - 4pm				
<input type="checkbox"/> 5pm - 7pm	<input type="checkbox"/> 2pm - 4pm	<input type="checkbox"/> 4pm - 6pm				
	<input type="checkbox"/> 4pm - 6pm	<input type="checkbox"/> 6pm - 9pm				
	<input type="checkbox"/> 6pm - 8pm	<input type="checkbox"/> 6pm - 9pm				
	<input type="checkbox"/> 8pm - 11pm					

Please submit this form, along with a Health History Questionnaire to the Assistant Director or Fitness and Wellbeing in the UAB University Recreation Offices, or send them to [fitness@uab.edu](mailto:fitness@uab.edu). Thank you!

## Fitness and Wellness Staff Use Only

Date of paperwork received \_\_\_\_\_

Date client was placed \_\_\_\_\_ Name of therapist \_\_\_\_\_

Additional notes \_\_\_\_\_