

Client Information

Today's Date _____

Name: _____ Phone: () _____ - _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____ Date of Birth: _____

Fax#: _____ E-Mail: _____

Occupation: _____ Referred by: _____

In case of emergency: _____ Phone: () _____ - _____

What Type of health care are you receiving?(physicians, chiropractor, homeopaths, acupuncturist,etc.)

General & Medical Information:

If you answer "yes" to any of the following questions, please explain as clearly as possible.

- Yes No Have you ever had professional massage? Yes No Have you had any broken bones in the past two years?
- Yes No Do you experience frequent headaches? Yes No Do you have tension or soreness in a specific area?
- Yes No Are you pregnant? (if yes how many weeks?) _____ Yes No Do you have cardiac or circulatory problems?
- Yes No Are you wearing contact lenses? Yes No Do you suffer from back pain?
- Yes No Are you diabetic? Yes No Do you have numbness or stabbing pains anywhere?
- Yes No Do you have high blood pressure? Yes No Are you very sensitive to touch / pressure in any area?
- Yes No If yes to the previous question, are you taking medication for this? Yes No Have you ever had surgery, major accidents or serious injuries? If yes, please explain in the comments area of this form.
- Yes No Do you suffer from seizure disorders or epilepsy? Yes No Do you have any other medical condition that I should be aware of?
- Yes No Do you suffer frequently from stress? Yes No Do You have any skin problems? (cuts, rashes, bruises,,etc.) If yes please explain in the comments area of this form

Please list any medications you are currently taking: _____

Comments: _____

What type of massage would you like? (swedish, deep tissue, sports, prenatal) _____

Do you have any specific areas that you would like to focus on? _____

Do you have any areas that you wish to be avoided? _____

Is this an Injury? _____Yes _____No

How long has it been going on? _____

How did it happen? _____

Where specifically? Can you show me the motion of the injury? _____

What motions makes it better/worse? _____

Are you taking any medications for the injury? (Ibuprofen, etc?) _____

Do you have swelling? _____Yes _____NO

Do you have any bruises related to the injury? _____Yes _____No

What kind of physical activities do you do/ _____

How often? _____

Please take a moment to carefully read the following information and sign where indicated.

If you have a specific medical condition or specific symptoms, massage may be contraindicated. A referral from your primary provider may be required prior to service being provided. I understand the massage I receive is provided for the basic purpose of relaxation and relief of muscle tension. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and /or strokes may be adjusted to my level of comfort. Draping will be used at all times; neither my breast (female) nor genital areas will be massaged. I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should consult a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment that I am aware of. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapists part should I neglect to do so. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

Client
Signature: _____ Date: _____

Therapist
Signature: _____ Date: _____

Information and Suggestions for the Client

- ◆ Prior to your massage, remove all jewelry. Pull long hair back with a clip.
- ◆ As a rule, massage is given while you are unclothed. We provide a top sheet and / or towel. Modesty and comfort levels vary from person to person. You may choose to wear undergarments or a swim suit or nothing at all. This is YOUR massage and you should feel as comfortable as possible.
- ◆ During your massage, you may want to give your therapist feedback as to pressure (deeper or lighter) or point out painful or ticklish areas of your body.
- ◆ Feel free to ask your therapist any questions about their procedure. Your therapist is a highly trained professional and will be happy to make you feel well informed and comfortable.