

Client Information

Name _____ Home Phone (____) _____
Cell Phone (____) _____ Birthday ___/___/_____
E-mail _____
Address _____ City _____ State _____ Zip _____
How did you hear about us? _____
Referred by _____
Emergency Contact _____ Phone (____) _____
Occupation _____

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/bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided.

How often do you get professional massage sessions? _____
Last Massage _____ How often would you like to receive professional massage services? _____ Please describe any areas of concern that you would like to address in your sessions _____
What kind of pressure do you prefer? light medium firm

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

YES NO Do you have diabetes?	YES NO Do you have any allergies? _____
YES NO Do you experience frequent headaches?	_____
YES NO Have you been diagnosed with arthritis? _____	YES NO Do you have varicose veins?
YES NO Are you pregnant? How far along? _____ Complications? _____	YES NO Do you have numbness or stabbing pain? Please specify _____
YES NO Do you have high blood pressure? Controlled by medication? _____	YES NO Do you have cardiac or circulatory problems? _____
YES NO Do you suffer from epilepsy or seizures? _____	YES NO Any injuries in the past two years? YES NO Are you under a doctors care? Please specify _____
YES NO Do you suffer from joint swelling? _____	List all medications and the use _____
_____	_____

Additional comments: _____

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/ bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I also understand 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 _____

Practitioner Signature _____ Date _____