Client Information

Name: ______________________________ Telephone: ( ) _______________ DOB: _______________
Address: ____________________________ City ____________________ State: ______ Zip: __________
Referred by: _________________________ Telephone: ( ) ______________________________________
In case of emergency: ________________ Telephone: ( ) ______________________________________

General and Medical Information:

Occupation: _________________________ Age: ____________ Male: ___________ Female: _____________

Y / N Do you suffer frequently from stress.
Y / N Do you have diabetes?
Y / N Do you experience frequent Headaches?
Y / N Are you Pregnant?
Y / N Do you suffer from arthritis?
Y / N Are you wearing contact lenses?
Y / N Do you have high blood pressure?
Y / N Do you suffer from epilepsy or seizures?
Y / N Do you suffer from joint swelling?
Y / N Do you have varicose Veins?
Y / N Do you have any contagious diseases?
Y / N Do you have osteoporosis?

Y / N Do you have any allergies?
Y / N Do you bruise easily?
Y / N Have you had any broken bones in the past two years?
Y / N Have you been in an accident or suffered any injuries in the past two years?
Y / N Do you have cardiac or circulatory problems?
Y / N Do you suffer from back pain?
Y / N Do you have numbness or stabbing pains anywhere?
Y / N Are you sensitive to touch or pressure in any area?
Y / N Have you every had surgery ? explain below
Y / N Do you have any other medical condition or are you taking any medications I should know about?

Comments; ____
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I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis or treatment and that I should seek a physician, chiropractor or other qualified medical specialist for any mental or physical ailments of which I am aware. I understand that 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 also understand that any illicit or sexually suggestive remarks or advances made by myself will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment

Client Signature: ____ Date: ___________________________

Consent to Treatment of a Minor: By my signature, I hereby authorize ____________________________, a Certified Massage Therapist to administer massage/bodywork techniques of my child or dependent as deemed necessary. I have been briefed as to the procedures and techniques to be performed.

Signature of parent or guardian: ________________________________ Date: ___________________________