Client Information

Name _____ Phone (_____) _____ DOB _____

Address _____ City _____ State _____ Zip _____

Male/Female (circle one) Occupation _____

Email _____

Would you like to receive occasional emails regarding specials, news, etc.? Y/N

Emergency contact _____ Phone (_____) _____

Health insurance carrier _____

How did you hear about us? _____

Please take a moment to carefully read the following information. Some medical conditions contraindicate massage and/or a referral from your primary care provider may be required prior to service being provided.

Have you ever experienced a professional massage? Y/N How recently? _____

What are your expectations for massage? _____

Please check all that apply: Have you experienced any of the following conditions in the past year?

- ❏ Frequent headaches
- ❏ Stress
- ❏ Diabetes
- ❏ Pregnant
- ❏ Arthritis
- ❏ High blood pressure
- ❏ Epilepsy or seizures
- ❏ Varicose veins
- ❏ Osteoporosis
- ❏ Allergies_____
- ❏ Contagious diseases
- ❏ Back pain
- ❏ Numbness or tingling
- ❏ Cardiac or circulatory problems
- ❏ Surgery _____
- ❏ Broken bones _____
- ❏ Chronic pain or tension
  Where? _____
- ❏ Other medical conditions/injuries
  What? _____
  _____

Are you taking any medications?
What? _____
_____

Is there anything else you'd like me to know about? _____
_____
_____

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.

Client Signature _____ Date _____

Consent to Treatment of a Minor: By my signature below, I hereby authorize _____ to administer massage/bodywork to my child or dependent as they deem necessary.

Signature of Parent or Guardian _____ Date _____