

Client Information Form

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Phone (home) _____ (work) _____

Occupation: _____ Referred By: _____

Primary reason for your visit _____

Areas of complaint, pain or tension _____

Please answer the following questions by circling the appropriate answer:

Have you ever had a professional massage before? YES NO

Do you have any skin problems or allergies? YES NO

Do you have arthritis or joint disorders? YES NO

Do you have any spinal problems? YES NO

Do you have varicose veins or blood clots? YES NO

Do you have any heart problems? YES NO

Do you smoke? YES NO

Are you presently taking any drugs or medications? YES NO

Do you exercise or participate in any sports? YES NO

If so, what kind and how often? _____

Do you have any medical condition I should be aware of (such as cancer, diabetes or high blood pressure) before the massage? YES NO

If yes, please specify _____

Provisions of the Massage

During your massage the therapist may use Swedish, deep tissue, cross fiber, trigger point, myofascial release, Repetitive Use Injury Therapy, or other approved techniques to facilitate the massage. The therapist will massage the necessary body part to facilitate the massage, excluding any contraindicated areas. Proper draping will be used throughout the massage. If at any time the client is uncomfortable with the massage. The therapist will discontinue the massage.

Client _____ Date _____ Therapist _____ Date _____

CLIENT'S WAIVER

Massage therapy is not a substitute for medical examination and diagnosis. It is recommended that I see a physician for any medical ailment that I might have, I understand that the massage therapist does not diagnose illness, disease or any other physical or mental disorder. Likewise, the massage therapist does not prescribe medical treatment or pharmaceuticals, nor perform spinal adjustments. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all of my known medical conditions and understand that there shall be no liability on the massage therapist's part should I fail to do so.

Signature _____ Date _____