

## CLIENT INFORMATION

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-Mail \_\_\_\_\_  
Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Birthdate \_\_\_\_\_ Referred By \_\_\_\_\_  
Reason for Appointment \_\_\_\_\_  
Areas of Complaint, Pain or Tension \_\_\_\_\_

### PLEASE ANSWER THE FOLLOWING:

- YES NO Have you ever had a professional massage?  
YES NO Have you had surgery? If so, when and why?  
YES NO Do you wear contact lenses or dentures?  
YES NO Do you have any skin problems or allergies?  
YES NO Do you experience frequent headaches?  
YES NO Have you suffered an acute injury recently?  
YES NO Do you suffer from epilepsy or seizures?  
YES NO Do you have varicose veins or blood clots?  
YES NO Do you have arthritis or bursitis?  
YES NO Are you hypermobile or do you suffer from chronic pain?  
YES NO Do you have TMJ?  
YES NO Do you exercise regularly or participate in any sports?  
YES NO Do you smoke?  
YES NO If so, would you like resources for quitting?  
YES NO Do you have any heart problems?  
YES NO Do you have any spinal problems?  
YES NO Are you pregnant?  
YES NO Do you have blood pressure problems?  
YES NO Do you have any other problems I should be aware of before this massage?

I understand that the massage/bodywork I receive is provided for the 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 or other qualified medical specialist for any mental or physical ailment that I am aware of. 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 forget to do so. Last of all, I understand that **24-hour cancellation notice is expected** should I not be able to keep future scheduled appointments, with **missed appointments charged the full appointment fee.**

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_