

Name: _____

Home: () _____

Address: _____

Cell: () _____

City: _____ State: _____ Zip: _____

Day Phone: () _____

Occupation: _____

E-Mail: _____

Emergency Contact: _____

DOB: _____

Physician Name: _____

Referred By: _____

Have you ever had a professional / therapeutic massage? _____

List all conditions currently monitored by your Health Care Provider:

Do you have problems with any of the following? Please explain in comments section.

Heart Disease
Cancer
Dizziness/Fainting
Kidney Ailments
Swollen Joints
Gall Bladder
Hypersensitive Skin
Facial/Head Injury
Blood Clots

Headaches
Diabetes
Pregnant -# Wks.
Anemia
Leg/Foot pain
Sinus Trouble
Contact Lens
Hernia
Arthritis/Tendonitis

Herniated Disks
Asthma/Lung Conditions
High/Low Blood Pressure
Numbness/Tingling
Broken Bones
Trouble Sleeping
Frequent Stress
Muscle/Joint Pain
Rash of any Kind

Indigestion/Gas
Tuberculosis
Stroke
Muscle Spasms/Cramps
Ulcers
Epilepsy/Seizures
Dental Bridges
Constipation/Diarrhea
TMJ/Jaw Pain

Comments: _____

What are your expectations from your massage today? _____

PLEASE TAKE A MOMENT TO CAREFULLY READ THE FOLLOWING INFORMATION AND CONSENT OF CARE STATEMENT. SIGN WHERE INDICATED. If you have any medical conditions or specific symptoms, massage may be contraindicated. A referral from your Primary Care Provider may be required prior to service being provided.

I understand that the massage 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 therapist so that pressure and/or strokes may be adjusted to my level of comfort. Furthermore, I understand that massage should not be construed as a substitute for medical examination, diagnosis or treatment and that I should consult a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage therapists 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 should not be performed under certain medical conditions, I affirm that I have stated all known medical conditions and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist part should I neglect to do so. I acknowledge that it is my choice to receive massage therapy and I give my consent to receive treatment. **I understand than any illicit or sexually suggestive remarks or advance made by me will result in immediate termination of the session and I will be liable for the full payment amount for the scheduled appointment.**

Client Signature: _____

Date: _____

Information and Suggestions

- ◆ Prior to your massage, please remove all jewelry.
- ◆ Generally, massage is given while you are unclothed. A top sheet and towel are provided for modesty and comfort. You may choose to wear undergarments, a swimsuit or nothing at all. This is YOUR massage and you should feel as comfortable as possible.
- ◆ You may want to give feedback as to pressure (deeper or lighter) or point out painful or ticklish areas of your body.
- ◆ Feel free to ask any questions about the procedure. Your therapist will be happy to make you feel well informed and comfortable.