

Client Information

Name _____ Date of Birth _____

Phone (_____) _____ Email _____

Address _____ City _____ State _____ Zip _____

Referred by _____

In case of emergency _____ Phone (_____) _____

Occupation _____

Please list any physical activities that you commonly do: _____

Have you ever received a professional massage or bodywork session? _____ How recently? _____

Please circle any that apply to you:

Frequent Stress

Tension Headaches

Migraines

Back Pain upper mid lower

Sensitive to Touch or Pressure

Currently Pregnant

Varicose Veins

Bruise easily

Accident/Injury last two years

Broken Bones last two years

Cardiac/Circulatory Problems

High Blood Pressure

Diabetes

Epilepsy/Seizures

Osteoporosis

Arthritis

Joint Swelling

Numbness/Stabbing Pain

Contagious Illness

Allergies

Do you have tension or soreness in a specific area? _____

Have you ever had surgery? Please explain: _____

Any other medical condition or medications that I should be aware of? _____

I understand that the massage/bodywork I receive is provided for basic relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will inform the practitioner immediately so that adjustments can be made to accommodate my level of comfort.

I understand that massage/bodywork is not a substitute for medical examination, diagnosis or treatment and that I should see a physician, chiropractor or other qualified specialist for any physical or mental ailment of which I am aware, as massage/bodywork practitioners are not qualified to perform such services.

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 _____