CLIENT INFORMATION
Please complete both sides

First Name:_____ Middle Initial:____ Last Name:_____

Address:_____

City:_____ State:_____ Zip Code:_____

Home Phone:_____ Cell Phone:_____

Emergency Contact #:_____ Date of Birth: _____ ☐Male ☐Female

Occupation: _____

Referred by:_____ Physician:_____

Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated.

1. ☐Yes ☐No Have you ever experienced a professional massage or bodywork session?
   If yes, how recently?_____

2. ☐Yes ☐No Do you have tension or soreness in a specific area?
   Please specify:_____

3. ☐Yes ☐No Do you frequently suffer from stress?
4. ☐Yes ☐No Do you have diabetes?
5. ☐Yes ☐No Do you experience frequently headaches?
6. ☐Yes ☐No Are you pregnant?
7. ☐Yes ☐No Do you have arthritis?
8. ☐Yes ☐No Are you wearing contact lenses?
9. ☐Yes ☐No Are you wearing dentures?
10. ☐Yes ☐No Do you have high blood pressure?
11. ☐Yes ☐No If "yes" to previous question, are you taking medication for this?
12. ☐Yes ☐No Do you have epilepsy or seizures?
13. ☐Yes ☐No Do you experience joint swelling?
14. ☐Yes ☐No Have you had any joint dislocations?
15. ☐Yes ☐No Do you have varicose veins?
16. ☐Yes ☐No Do you have any contagious disease?
17. ☐Yes ☐No Do you have osteoporosis?
18. ☐Yes ☐No Do you have any allergies?
19. ☐Yes ☐No Do you bruise easily?
20. ☐Yes ☐No Are you very sensitive to touch or pressure in any area?
21. ☐Yes ☐No Have you had any broken bones in the past 2 years?
22. ☐Yes ☐No Do you have cardiac or circulatory problems?
23. ☐Yes ☐No Do you have respiratory problems?
24. ☐Yes ☐No Do you have any stomach or intestinal problems?
25. ☐Yes ☐No Do you have any kidney problems?
26. ☐Yes ☐No Have you ever been diagnosed with cancer?
27. ☐Yes ☐No Do you have numbness or stabbing pains anywhere?
28. ☐Yes ☐No Do you have back pain?
29. ☐Yes ☐No Have you been in an accident or suffered any injuries in the past 2 years?
30. ☐Yes ☐No Do you have athlete's foot or other skin rashes?
31. ☐Yes ☐No Have you ever had surgery? Explain below.
32. ☐Yes ☐No Do you have any other medical conditions?
33. ☐Yes ☐No Are you taking any medications?

Comments: _____
_____
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CLIENT/THERAPIST RELEASE & AGREEMENT

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 the 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 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 should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated al my known medical conditions, and have 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. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

I understand that I am financially responsible for the services that I receive.

I authorize the massage therapist to render massage to me (or my dependent/minor child).

Client Signature: _____ Date: _____
(or client's parent/guardian, if a minor)

Therapist's Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

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