

Client Contact information:

Client name: _____

Address: _____ City: _____ State: _____ Zip code: _____

Phone number: _____ Date of Birth _____

Email: _____

Referred by: _____

Massage information

Have you ever received professional massage/ bodywork before? Yes _____ No _____

How recently? _____

What types of massage/ bodywork do you prefer? _____

What kind of pressure do you prefer? Light Medium Deep/Firm

Are you ok with talking during your session? Yes _____ No _____

Are you pregnant? Yes _____ No _____

Have you had any injuries or surgeries in the past that may influence today's treatment?

Please indicate conditions that you have or have had in the past. Explain in detail, including treatment received:

Swelling; bruise easily ; high/ low blood pressure ; stoke , heart attack ; varicose veins; shortness of breath , asthma; cancer; neurological ; epilepsy , seizures; headaches, migraines; dizzy ringing in the ear; digestive conditions; kidney diseases , infection ; arthritis; osteoporosis, degenerative spine/ spine; allergies ; diabetes ; endocrine / thyroid conditions.

Consent for treatment

If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or stroke maybe adjusted to my level of comfort. I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialists 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 given should be taken as such. Because massage/ bodywork 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 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. Understanding all of this, I give consent to receive care.

Client Name _____

Date _____

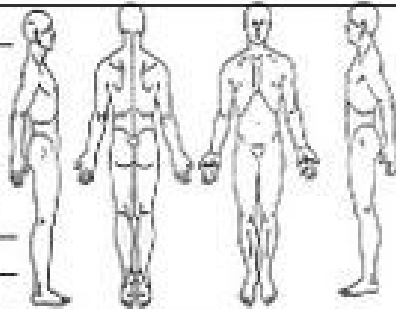
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Date _____

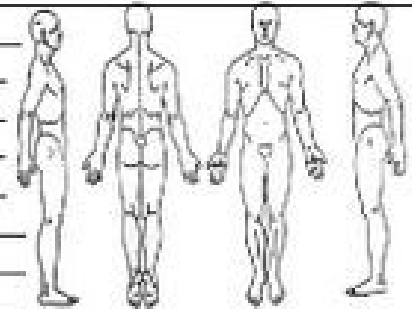
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Date _____

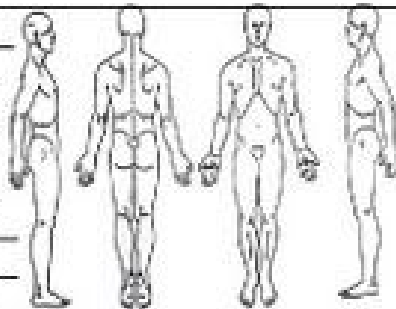
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Date _____

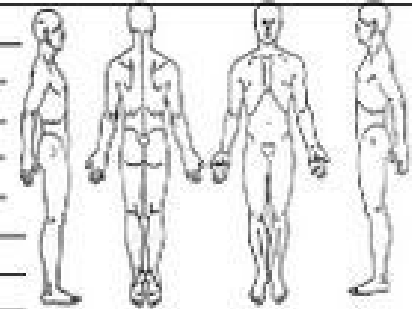
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Date _____

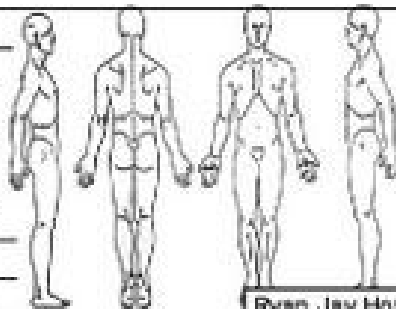
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