



*The purpose of this client form is to inform the massage therapist about your physical condition in order to optimize your treatment. All the information collected will be kept strictly confidential. Enjoy your treatment!*

**IDENTIFICATION:**

Surname: \_\_\_\_\_ First name: \_\_\_\_\_  
Address: \_\_\_\_\_ Postal code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Date of birth: DD / MM / YY

**Tell me about yourself and your health ...**

Occupation: \_\_\_\_\_ Sports: \_\_\_\_\_  
Leisure activities: \_\_\_\_\_ Allergies: \_\_\_\_\_  
Surgery: \_\_\_\_\_ Serious injury: \_\_\_\_\_  
Cancer: \_\_\_\_\_ Chiropractic treatment / Physiotherapy:  
Frequency? \_\_\_\_\_  
Varicose veins: \_\_\_\_\_ Phlebitis: \_\_\_\_\_  
Pregnancy: \_\_\_\_\_ Premenopause/Postmenopause/Menopause:  
\_\_\_\_\_  
Medication  Yes  No If yes, specify: \_\_\_\_\_  
\_\_\_\_\_

Intolerance to certain smells: \_\_\_\_\_

Please indicate any health problems that were not listed above.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please put a box around the areas where you have pain and circle the areas that you enjoy having massaged the most.



### **Mutual respect policy**

To maintain a relaxing and trusting environment, respect for the client and the massage therapist is required. Any disrespect or deviation from the professional framework will not be tolerated.

### **Declaration of liability**

I declare that all the information provided in this client form is true and that I have informed my massage therapist of any physical, psychological, emotional and/or mental condition that might be a contraindication to treatment. I am aware that the massage therapist may not be held liable if the information is incomplete or contains errors.

**Thank you. Enjoy your relaxing time!**

**Client's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Massage therapist's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_