



Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Date \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_

Would you like to receive newsletters and other promotions via email? Y N

Occupation \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ Have you had massage therapy before? Y N

What is your major area of pain or concern? \_\_\_\_\_

When did you first notice it? \_\_\_\_\_

What brought it on? \_\_\_\_\_

Is it getting better or worse? \_\_\_\_\_ What makes it better?

\_\_\_\_\_ Does it interfere with work? \_\_\_\_ Sleep? \_\_\_\_  
Recreation? \_\_\_\_

Are you pregnant? \_\_\_\_ If so, what month? \_\_\_\_ Problems?

\_\_\_\_\_ Circle any of the following you are currently experiencing.

Fever	COVID symptoms
Infections	Broken Bone
Contagious Conditions	Systemic Swelling
Post Surgery	Idiopathic Edema
Currently Sick	Renal Failure

Other Health

Problems \_\_\_\_\_

What are your goals for your massage session? \_\_\_\_\_

What kind of pressure do you like? \_\_\_\_\_

I certify that the above information is complete and correct. I will keep the massage therapist informed of any changes as they occur. I understand the payment is due at the time of treatment. I agree to give 24 hours notice of cancellation of appointment. If less than 24 hours notice is given, I understand that I may be charged for the appointment if the therapist cannot fill the appointment with another person. Cases of extreme emergency are considered exceptions. I understand that Trigger Point Therapeutic Massage or Jaime Smith, LMT will not be liable for any injuries or loss sustained to myself or property while on the premises. In addition, Jaime Smith, LMT disclaims responsibility for injury sustained during exercises or stretches given to you to perform. I will not begin exercises or stretches without consulting my physician for advice.

Signature \_\_\_\_\_ Date \_\_\_\_\_