



Name \_\_\_\_\_ Phone \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail: \_\_\_\_\_ ok to email you? Yes  No

In Case of Emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about me? \_\_\_\_\_

**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 may be contraindicated. A referral from your primary care provider may be required prior to service being provided.**

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 this 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, chiropractor, 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 given should be construed as such. 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. 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.

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

***If you answer "yes" to any of the following questions, please explain as clearly as possible***

- |  |  |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Do you frequently suffer from stress?   | <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have diabetes?                   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Are you wearing contact lenses?         | <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have high blood pressure?        |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any contagious diseases?    | <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any allergies?              |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Do you bruise easily?                   | <input type="checkbox"/> Yes <input type="checkbox"/> No Do you suffer from back pain?           |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have numbness or stabbing pains? | <input type="checkbox"/> Yes <input type="checkbox"/> No Are you sensitive to touch in any area? |

Other medical condition, or are you taking any medications I should know about?  
\_\_\_\_\_

Have you ever experienced a professional massage session?  Yes  No If yes, how recently? \_\_\_\_\_

What brought you in today? (to relax, headaches, back pain, TMJ, etc) \_\_\_\_\_

On a scale from 1 (light) to 10 (firm) how much pressure do you prefer? 1 2 3 4 5 6 7 8 9 10