



Exeter River
THERAPEUTIC MASSAGE

Name: _____ Date: _____

Address: _____

Phone: _____ DOB: _____

Email: _____

Referred by: _____

Emergency Contact: _____ Phone: _____

Reason for Today's visit: _____

Have you received professional massage/bodywork before? Yes No

If yes, what kinds? _____

What are your goals/expected outcomes for today's visit? _____

List and prioritize your current symptoms or issues: _____

List any medications you currently take and what they're treating: _____

Any allergies or hypersensitivities: _____

List any major accidents, injuries or previous surgeries (include dates):

List any serious medical conditions you are currently being treated for:

Any contagious skin conditions currently? Yes No

If yes, please explain: _____

Circle any of the following conditions you are experiencing at this time or have had:

Headaches, migraines	Muscle, Joint pain	Blood clots
Dizziness	Swelling	Diabetes
High blood pressure	Varicose veins	Numbness
Low blood pressure	Epilepsy, seizures	Kidney disease
High amounts of stress	Osteoarthritis	Neurological conditions
Fatigue	Rheumatoid arthritis	Asthma
Depression, anxiety	Digestive conditions	Heart attack, stroke
Bruise easily	Cancer	Autoimmune disorder

Office Policies:

Cancellation, Rescheduling and No Shows- A 24-hour notice is required for rescheduling and canceling an appointment. You will be responsible for the full price of the appointment. A credit card will be kept on file and charged for these purposes.

Tardiness- Appointment times are as scheduled and cannot extend beyond the stated time to accommodate late arrivals. Please be on time to your appointment.

Sickness- Massage/bodywork is not recommended for infectious or contagious illness. Please cancel your appointment as soon as you become ill. This includes having a fever. If you fall ill within the 24-hour window, the cancellation fee may be waived.

Consent- 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/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 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 update the practitioner 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 my consent to receive care.

Client signature: _____ Date: _____

Parent or Guardian Signature if client if a minor: _____