Date _____

Name _____

Mailing address _____

Employer _____ Occupation _____

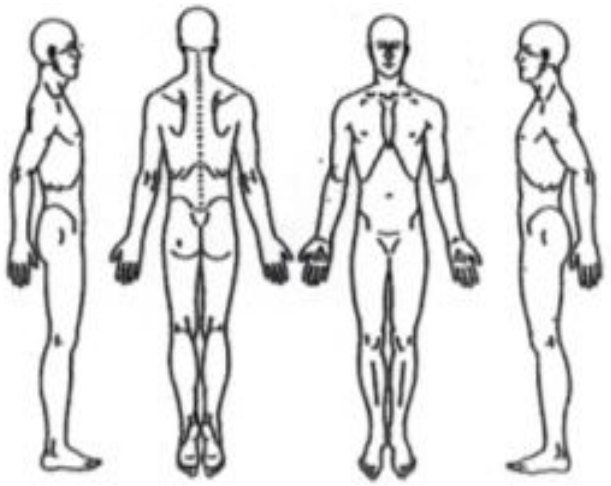
Home phone _____ Cell _____

Email _____ Work phone _____

Emergency contact: _____ Phone _____

Check all that apply:

| | | | |
|---|---|---|---|
| Arthiritis | _____ | Allergies | _____ |
| Breathing problems (lung) | _____ | Pacemaker | _____ |
| Broken bones | _____ | Hernia | _____ |
| Bruise easily | _____ | Prosthesis | _____ |
| Cancer | _____ | Tendonitis | _____ |
| Carpal tunnel | _____ | Thyroid issues | _____ |
| Contact lenses | _____ | Osteoporosis | _____ |
| Diabetes | _____ | Multiple Sclerosis | _____ |
| Herniated disc | _____ | Last consumption of alcohol | _____ |
| Fibromyalgia | _____ | | |
| Headaches | _____ | | |
| Heart problems | _____ | | |
| High blood pressure | _____ | | |
| Medications | _____ | | |
| Migraines | _____ | | |
| Pregnant | _____ | | |
| Psychotherapy | _____ | | |
| Sciatica | _____ | | |
| Sinuses | _____ | | |
| Stroke/Seizures | _____ | | |
| Suffer from stress | _____ | | |
| TMJ (Jaw pain) | _____ | | |



**Informed Consent:** The above information is accurate to the best of my knowledge, and I freely give my permission to be massaged. I agree to the inform the therapist of any experience of pain during the session. I understand that this massage is not a replacement for medical care and that no diagnosis will be made. I understand that no inappropriate comments or conduct will be tolerated. Any indication of such behavior will automatically end the session.

I agree to update the massage therapist regarding changes in my health and understand that there shall be no liability on the therapist's part should I forget to do so. I agree to hold harmless the establishment, all management, including volunteers, from the against any and all claims. I agree to handle suit at its sole expense and agree to bear all costs related even if claims, etc., are groundless, false, and fraudulent. I understand that I am responsible for paying for any missed appointment or cancellation less than 48 hours.

_____ _____

Client print Name Date

_____

Client signature