

Fitness Lifestyles

Confidential Client Information

Name: _____ Date of Birth: _____ Today's Date: _____

E-mail address (to receive email reminder/newsletters/special offers): _____

Address: _____ City: _____ Zip: _____

Phone (h): _____ (c): _____ Occupation: _____

Emergency Contact and Phone:

How did you hear of Fitness Lifestyles? Referred by: _____

Reason for visit:

Is this your first professional massage?: ____ If no, how often do you receive massages?: _____

If you are aware of any areas in your body holding tension, please explain:

Please explain if you have any sensitivity to any oils, lotions, scents or ingredients: _____

Please list any medications (including vitamins, herbs, pharmaceuticals or pain patches) taken now or at regular intervals (including an explanation of what the medication is used to treat:

If there are any other health concerns you wish to discuss, please explain: (Example – Heart/Diabetes/Other Conditions) _____

The above information is accurate and true to the best of my knowledge. I understand that massage therapists do not diagnose disease, prescribe medications or manipulate bones. I further understand that massage therapy is not a substitute for medical attention or examination. I take responsibility for alerting my practitioner to any physical, mental or emotional changes that may occur with my health. I affirm that I alone am responsible to decide whether or not to receive massage therapy. I hereby agree to release and waive any claims that I have now, or hereafter may have against Fitness Lifestyles and its therapists.

Client Signature: _____ Date: _____