

Name: _____ Phone: _____

Address: _____ City/State/Zip: _____

Email: _____ Can I add you to my email list? Yes No

Occupation: _____ Date of birth: _____

Emergency Contact: _____ Phone: _____

Who referred you?: _____

The following information will be used to help plan safe and effective massage sessions.

1. Have you had a professional massage before? Yes No

If yes, how often do you receive massage therapy? _____

2. Do you have any difficulty lying on your front, back, or side? Yes No

If yes, please explain _____

3. Do you have sensitive and/or any allergies to oils, lotions, or ointments? Yes No

If yes, please explain _____

4. Are you wearing contact lenses () dentures () a hearing aid () ?

5. Do you sit for long hours at a workstation, computer, or driving? Yes No

If yes, please describe _____

6. Do you perform any repetitive movement in your work, sports, or hobby? Yes No

If yes, please describe _____

7. Do you experience stress in your work, family, or other aspect of your life? Yes No

If yes, how do you think it has affected your health? muscle tension () anxiety () insomnia () irritability ()
other () _____

8. Do you have any particular goals in mind for this massage session? Yes No

If yes, please explain _____

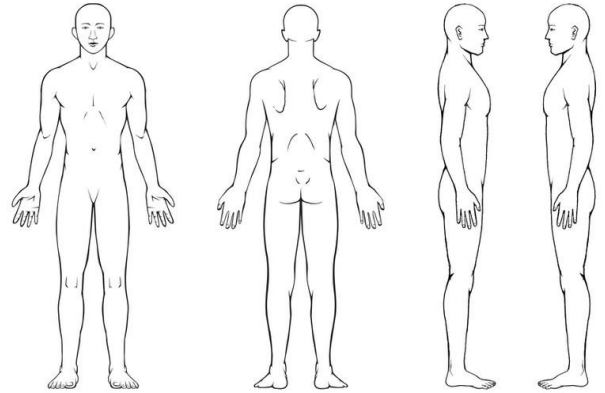
9. Are you currently under medical supervision? Yes No If yes, please explain: _____

10. Do you see a chiropractor? Yes No If yes, how often? _____

11. Are you currently taking any medications? Yes No If yes, please list:

12. Is there a particular area of the body where you are experiencing tension, stiffness, pain?

Circle any specific areas you would like the massage therapist to concentrate on during the session:



14. Please check any condition listed below that applies:

<input type="checkbox"/> contagious skin condition	<input type="checkbox"/> allergies/sensitivity	<input type="checkbox"/> cancer	<input type="checkbox"/> headaches/migraines
<input type="checkbox"/> open sores or wounds	<input type="checkbox"/> heart condition	<input type="checkbox"/> diabetes	<input type="checkbox"/> deep vein thrombosis/blood clots
<input type="checkbox"/> easy bruising	<input type="checkbox"/> high or low blood pressure	<input type="checkbox"/> decreased sensation	<input type="checkbox"/> swollen glands
<input type="checkbox"/> recent accident or injury	<input type="checkbox"/> circulatory disorder	<input type="checkbox"/> back/neck problems	<input type="checkbox"/> osteoporosis
<input type="checkbox"/> recent fracture	<input type="checkbox"/> varicose veins	<input type="checkbox"/> Fibromyalgia	<input type="checkbox"/> current fever
<input type="checkbox"/> recent surgery	<input type="checkbox"/> atherosclerosis	<input type="checkbox"/> TMJ	<input type="checkbox"/> joint disorder/rheumatoid arthritis/osteoarthritis/tendonitis
<input type="checkbox"/> artificial joint	<input type="checkbox"/> phlebitis	<input type="checkbox"/> carpal tunnel syndrome	<input type="checkbox"/> pregnancy If yes, how many months?
<input type="checkbox"/> sprains/strains	<input type="checkbox"/> epilepsy	<input type="checkbox"/> tennis elbow	<input type="checkbox"/> Other:

Draping will be used during the session – only the area being worked on will be uncovered. Clients under the age of 17 must be accompanied by a parent or legal guardian during the entire session. I understand that the massage and/or energy work 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 therapist so that the pressure may be adjusted to my level of comfort. I further understand that massage nor energy work 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 that I am aware of. I understand that massage therapists and energy workers 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 and energy work 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 therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so.

Signature of client _____ Date: _____