



Lunas Masahe
Salon by JC at Lakeline
14010 US Highway 183 N.
Suite 416 Rm. 8 Austin TX 78717
Phone: (512) 817-3008 Email: lmt@lunasmasahe.com

Client Contact Information

Client Name: _____ Date: _____

Date of Birth: _____ Gender: _____ Cell Phone: _____

Address: _____

Email: _____ Profession: _____

Emergency Contact: _____ Relationship: _____ Contact: _____

How did you hear about Lunas Masahe? _____

Can we send deals and information about Lunas Masahe to you and to your spouse? Yes () No ()

If yes, which way would you prefer? () Text _____ () Mail () E-mail _____

What type of healthcare are you receiving? (Physician, Chiropractor, Acupuncture, Homeopath, etc)

How do you feel today? _____

List and prioritize your current symptoms/issues (stress, pain, stiffness, numbness/tingling, swelling, etc.):

Do these symptoms interfere with your activities of daily living (e.g., sleep, exercise, work, childcare)? Yes No Explain:

Bodywork History

Have you ever received professional massage/bodywork before? Yes () No ()

How recently? _____

What types of massage/bodywork do you prefer? _____

What kind of pressure do you prefer? Light Medium Firm

What are your goals/expected outcomes for receiving massage/bodywork?

Is this massage/bodywork medically necessary (is it for a medical condition, injury, surgery)? Yes () No ()

Do you have a physician referral/prescription? Yes () No ()

Physician/Health-care _____

Provider name: _____ Phone: _____

List the medications you currently take:

Healthcare Contact Information: _____

Health History

Have you had any injuries or surgeries in the past that may influence today's treatment?

Circle any of the following health conditions that you currently have (If you are unsure, please ask):

blood clots, infections, congestive heart failure, contagious diseases, pitted edema .

Please answer honestly, as massage may be contraindicated for the above conditions. Please indicate conditions that you have or have had in the past. Explain in detail, including treatment received:

Current Past Muscle or joint pain ____ Current Past Muscle or joint stiffness ____ Current past Numbness or tingling ____

Current past Swelling ____ Current Past Bruise easily ____ Current Past Sensitive to touch/pressure ____

Current Past High/Low blood pressure ____ Current Past Stroke, heart attack ____ Current Past Varicose veins ____

Current Past Shortness of breath, asthma ____ Current Past Neurological (e.g. MS, Parkinson's, chronic pain) _____

Current Past Epilepsy, seizures ____ Current /Past, Migraines ____ Current/Past Dizziness, ringing in the ears ____

Current Past Digestive conditions (e.g. Crohn's, IBS) ____ Current Past Gas, bloating, constipation _____

Current Past Kidney disease, infection ____ Current Past Arthritis (rheumatoid, osteoarthritis) _____

Current Past Osteoporosis, degenerative spine/disk ____ Current Past Scoliosis _____ Current Past Broken bones ____

Current Past Allergies _____ Current Past Diabetes ____ Current Past Endocrine/thyroid conditions _____

Current Past Depression, anxiety ____ Current Past Memory Loss, confusion, easily overwhelmed _____

Comments:

Please note any injuries, surgeries, major accidents, or illness/conditions:

Please list any medications or supplements you are currently taking for any of the above conditions:

Consent for Treatment

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 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. Understanding all of this, I give my consent to receive care.

Client Signature: _____ Date: _____

Parent or Guardian Signature (in case of a minor): _____ Date: _____

X

Criselda White
LMT/MMT

Date Signed