

# Final Touch Massage Therapy

285 Washington Street  
Suite 4  
North Easton MA 02356  
(508) 942-0212

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

May I text you: YES NO (For sending text reminders of appointments and important updates)

Emergency Contact: \_\_\_\_\_ Number to reach them at: \_\_\_\_\_

How did you hear about me? \_\_\_\_\_

Have you ever had a professional Massage before? Yes or No

Pressure preferred: Light \_\_\_\_\_ Medium \_\_\_\_\_ Firm \_\_\_\_\_ Deep Tissue \_\_\_\_\_

Why are you seeking massage therapy? \_\_\_\_\_

What medications are you currently taking?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any accidents, surgeries or injuries in the last two years? \_\_\_\_\_

Do you have any special needs I should be aware of? \_\_\_\_\_

\_\_\_\_\_

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## COVID-19 RELATED QUESTIONS

1. Have you had a fever in the last 24 hours of 100 degrees or above? YES \_\_\_\_\_ NO \_\_\_\_\_
2. Do you now, or have you recently had, any chills, muscle aches, new loss of taste and smell, or new rashes/lesions? YES \_\_\_\_\_ NO \_\_\_\_\_
3. Do you now or have you recently had any respiratory or flu symptoms, sore throat, or shortness of breath? YES \_\_\_\_\_ NO \_\_\_\_\_
4. Have you been in contact with anyone in the last 14 days who has been diagnosed with COVID-19 or has coronavirus type symptoms? YES \_\_\_\_\_ NO \_\_\_\_\_
5. Have you been out of state in the last 14 days? YES \_\_\_\_\_ NO \_\_\_\_\_

Additional Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If I experienced any pain or discomfort during this or any session, I will immediately inform the massage therapist so that the pressure may be adjusted to my level of comfort. I further understand that the massage/bodywork should not be construed as a substitution for medical examination, diagnosis or treatment and that I should see a physician, chiropractor, or other qualified medical specialist. I understand that the massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat physical or mental illness, and nothing said in the course of this session or any other session should be construed as such. Because massage/bodywork should not be performed under certain conditions, I affirm that I have stated all my known medical conditions and answered all the questions honestly. I agree to keep the massage/bodywork practitioner updated to any changes in my medical profile. I understand that there will be no liability on the practitioners part should I fail to do so. I also understand that any illicit or suggestive sexual remarks or advances made by me will result in immediate termination of the session, and I will be liable for the payment of the scheduled appointment. Understanding all of this, I give my consent for massage/bodywork

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_