



Please fill out this form to the best of your ability and with as much detail as possible.  
If more space is needed please use margins or use additional paper.

**Basic Information**

Name: Phone Number:( )  
Address: Email Address:  
Emergency Contact:  
Name:  
Relationship:  
Phone Number: ( )  
Height: Date of Birth:  
Frequency of massage in past (weekly, monthly, yearly, etc.):

**Medical History**

Are you currently under a Dr's care for any ongoing conditions? (If so please explain):

History of Injuries (past & present):

Are you currently taking any medications and/or supplements?:

Lifetime history of surgeries:

Do you commonly perform any repetitive movements at home or at work? (Sitting, typing, crouching, or lifting for extended periods):

Are you currently experiencing any pain, discomfort or restriction in your body? (if so, please explain when & how it began, what you have done to try and alleviate it, what positions are more or less comfortable for you, and if it is a recurring issue):

**Check List**

Please check any and all that apply to you, further explanation is always appreciated.

**Musculoskeletal:**

- Bone/Joint Disease
- Tendonitis/Bursitis
- Arthritis/Gout
- Jaw Pain (TMJ)
- Lupus
- Spinal Problems
- Migraines/Headaches
- Osteoporosis

**Nervous System:**

- Shingles
- Numbness/Tingling
- Pinched Nerve
- Chronic Pain
- Paralysis
- Multiple Sclerosis
- Parkinson's Disease
- Fibromyalgia

**Circulatory:**

- Arrhythmia
- Heart Condition
- Phlebitis/Varicose Veins
- Blood Clots
- High/Low Blood Pressure
- Edema
- Lymphedema
- Thrombosis/Embolism

**Digestive:**

- Irritable Bowel Syndrome
- Bladder/Kidney Ailment
- Colitis
- Crohn's Disease
- Ulcers

**Respiratory:**

- Breathing Difficulty/Asthma
- Emphysema
- Allergies
- Sinus Problems

**Reproductive:**

- Pregnant
- Ovarian/Menstrual Issue
- Prostate Issues

**Other:**

- Cancer/Tumors
- Diabetes
- Drug/Alcohol/Tobacco Use
- Dentures
- Hearing Aids
- Hyper/Hypo-Thyroidism

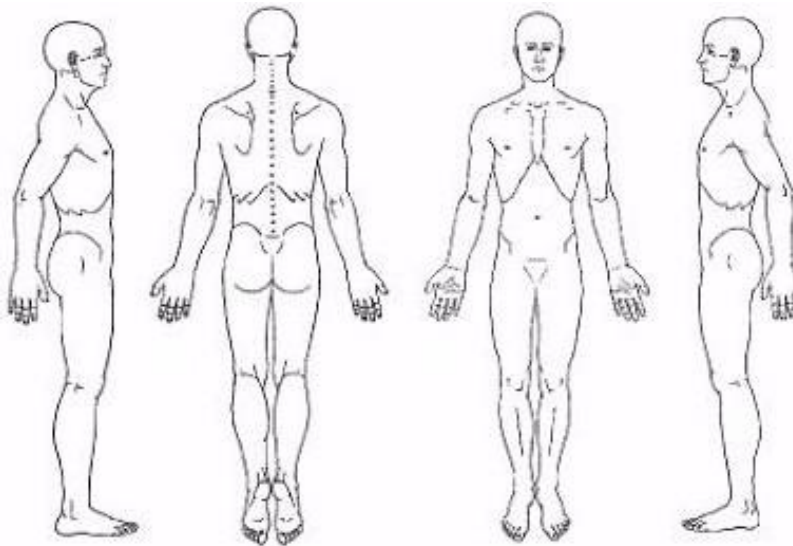
**Skin:**

- Rashes
- Cosmetic Surgery
- Athlete's Foot
- Herpes/Cold Sores
- Allergies

Any other medical condition(s)  
not listed?:

**Diagram**

*Please indicate on the diagram any areas of pain, discomfort, exhaustion, numbness or surgery.  
Please note and label each.*

**Client Agreement**

It is my choice to receive massage therapy. I am aware of the benefits and risks of massage and give my consent for massage. I understand that there is no implied or stated guarantee of success or effectiveness of individual techniques or series of appointments. If I experience pain or discomfort during the session, I will immediately inform my therapist so that pressure/strokes can be adjusted to my level of comfort. I will not hold my therapist responsible for any pain or discomfort I experience during or after the session.

I acknowledge that massage therapy is not a substitute for medical care, medical examination or diagnosis. I affirm that I have notified my therapist of all known medical conditions and injuries. I agree to inform the therapist of any changes in my health and medical condition. I understand that there shall be no liability on the therapist's part should I forget to do so.

A missed appointment fee will apply for all appointments with less than 24 hours notice or if the appointment is missed outright. Missed appointments will be charged at the *full price* of the scheduled session. If you arrive late to your appointment the time that is missed will be forfeit from your session.

By signing this release, I hereby waive and release my therapist from any and all liability, past, present, and future relating to massage therapy and bodywork.

Signature:

Date: