



Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Would you like to receive newsletters and other promotions via email? Y N  
 Marital Status \_\_\_\_\_ Occupation \_\_\_\_\_  
 How did you hear about us? \_\_\_\_\_ Have you had massage therapy before? Y N  
 What is your major area of pain or concern? \_\_\_\_\_  
 When did you first notice it? \_\_\_\_\_ What brought it on? \_\_\_\_\_  
 Is it getting better or worse? \_\_\_\_\_ What makes it better? \_\_\_\_\_  
 What makes it worse? \_\_\_\_\_ Does it interfere with work? \_\_\_\_\_ Sleep? \_\_\_\_\_ Recreation? \_\_\_\_\_  
 Are you pregnant? \_\_\_\_\_ If so, what month? \_\_\_\_\_ Problems? \_\_\_\_\_

Circle any of the following you are currently experiencing.

Tightness in Shoulders	Headache	Sinus Trouble	Back Problems
Grating in Neck	Dizziness	Loss of Balance	ringing in Ears
Low Blood Pressure	Seizures	Fatigue	Cancer
Muscle Spasms in neck	Chest Pain	Blood Clots, Phlebitis	
High Blood Pressure	Varicose veins	Herniated/Bulging disks	
Painfull Joints	Pains in legs or feet	Sciatica	Diabetes
Painfull menstruation/cramps		Arthritis	Migranes

Other Health Problems \_\_\_\_\_  
 Are there other factors contributing to stress or tension? \_\_\_\_\_  
 What exercise or stress reduction programs do you engage in? \_\_\_\_\_  
 What results do you want from your massage session? \_\_\_\_\_  
 What kind of pressure do you like? \_\_\_\_\_

I certify that the above information is complete and correct. I will keep the massage therapist informed of any changes as they occur. I understand the payment is due at the time of treatment. I agree to give 24 hours notice of cancellation of appointment. If less than 24 hours notice is given, I understand that I may be charged for the appointment if the therapist cannot fill the appointment with another person. Cases of extreme emergency are considered exceptions. I understand that Trigger Point Therapeutic Massage or Jaime Smith, LMT will not be liable for any injuries or loss sustained to myself or property while on the premises. In addition, Jaime Smith, LMT disclaims responsibility for injury sustained during exercises or stretches given to you to perform. I will not begin exercises or stretches without consulting my physician for advice.

Signature \_\_\_\_\_ Date \_\_\_\_\_