

Client Information

Name _____ Date ____/____/____

Address _____ City _____ State/Zip _____

Phone () ____-____ DOB ____/____/____ M/F Email _____

Referred By _____ Last massage was when? _____

Y/N Do you have cardiac or circulatory problems?

Y/N Have you recently been in an accident or suffered any injuries?

Y/N Do you have any contagious diseases, viruses or rashes?

Y/N Do you have any allergies?

Y/N Do you have any numbness or stabbing pains?

Y/N Do you currently have cancer or are in remission?

Y/N Are you currently being treated by a physician for any condition?

Y/N Are you taking any medication?

Y/N Are pregnant or nursing?

Y/N Do you have any other condition(s) That we should know about?

If "Y" to any of the above, please explain: _____

I understand that the massage/bodywork that I receive is provided for the basic purpose of relaxation and the relief of muscular tension. If I experience any pain or discomfort during my session, I will immediately inform my practitioner so that the pressure/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, or other qualified medical specialist for any mental/physical alignment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal/skeletal adjustments, diagnose, prescribe or treat any physical or mental illness, and 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 my practitioner updated as to any changes in my medical profile and understand that there should be no liability on my practitioners part should I fail to do so. I also understand that any inappropriate actions or language will result in immediate termination of the sessions, and I will be liable for full payment of the scheduled services. All payments are due in full at the time of service. We reserve the right to refuse service to anyone.

Client Signature _____