

Questionnaire and Disclaimer

CONFIDENTIAL INFORMATION

Please provide as much information as possible. All information you provide on this form will be treated confidentially and will not be shared with anyone unless subpoenaed by law. At a minimum, at least one valid phone number or address.

~Thank you sincerely ~

Name: _____

Birth Date / Age: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Address: _____

Occupation: _____

Emergency Contact (Name / Telephone): _____

Facebook? _____ Yes / No

Okay To Text? _____ Yes / No

Have you ever had a
massage before? _____ Yes / No

How did you hear about my business / services?

MEDICAL QUESTIONNAIRE & HISTORY

Do you have a history of the following?

surgery / accidents / whiplash

diagnosed with any permanent illness or disease

decreased range of motion

severe or chronic muscular pain

seizures, allergies, black-outs

plastic surgery / body modifications

severe or chronic joint pain

cancer

HIV / AIDS, Communicable Disease

broken bones

colon or intestine problems

skeletal / spinal misalignment / problems

arthritis, bursitis, or gout

nerve damage, carpal tunnel, tingling, numbness

varicose veins

torn ligaments or tendons

heart problems, thyroid problems

athletes foot, skin disorder, fungus

Are you taking any medications? (If yes, list below if it might impact your massage.)

Yes

No

(FEMALES) Are you pregnant? (If yes, please ask for and fill out the Pregnancy Release Form.)

Yes

No

If you checked anything above, please give a brief explanation: _____

PLEASE READ AND SIGN BELOW

1. I understand that this massage is being performed by a **Certified Massage Therapist**, and that massage therapy is not a substitution for medical care or chiropractic care. The therapist will not be held liable in any way for any injuries or aggravations that result from any massage or body work that takes place with the **customer**.
2. I acknowledge receiving Minnesota's **Complementary And Alternative Health Care Client Bill Of Rights**.

Customer Signature: _____

Date: _____