

Please fill out all information as accurately and thoroughly as possible.  
Your information is kept completely confidential and is not shared with any outside sources.

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

Address: \_\_\_\_\_

PHONE: Primary \_\_\_\_\_ Secondary \_\_\_\_\_

Opt in to Newsletters or discounts? Y/N Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Referred by? \_\_\_\_\_ Have you ever received massage or bodywork before? Y/N

What would you like to receive from this massage today? \_\_\_\_\_

What type of work do you do in a normal day? \_\_\_\_\_

## ***Health Information:***

Please circle Y=Yes or N=No if any of the following apply:

Smoker?	Y/N	Pregnant?	Y/N	Contagious Disease?	Y/N
High Blood Pressure?	Y/N	Allergies?	Y/N	Heart Conditions?	Y/N
Low Blood Pressure?	Y/N	Skin Condition?	Y/N	Digestive Issues?	Y/N
Epilepsy?	Y/N	Seizures?	Y/N	Diabetic?	Y/N
Frequent Headaches?	Y/N	Varicose Veins?	Y/N	Cancer?	Y/N
Nausea?	Y/N	Dementia?	Y/N	Other?	_____

If yes to any, please explain: \_\_\_\_\_

Are you currently suffering from any pain related to car accidents, sports injuries, surgeries, or other? Y/N

If yes, briefly explain (what and when): \_\_\_\_\_

Are you currently taking any medications or supplements (including recreational)? Y/N If yes, name(s) of medication(s) and how often taken:

Is it okay for me to contact your healthcare provider? Y/N

If yes, please input info below.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Disclaimer:** By signing below, I agree that the above is true and accurate to the best of my knowledge. I understand that a massage therapist is not a doctor and cannot prescribe medications or diagnose medical conditions. Therapist does not discriminate on the basis of race, religion, sexual preference or gender. Therapist reserves the right to end the session in the case of sexual innuendo or advances from client, and client has same right in the instance of sexual advances or innuendo from therapist.

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