

Client Information

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Email _____ DOB _____

Emergency contact _____ Phone _____

Occupation _____ How did you hear about me? _____

Have you ever received a professional massage? _____ If so, how recently? _____

Health History

What are your main health concerns? _____

What in your life causes you tension? _____

Where do you feel the effects of stress in your body? _____

Are you currently being treated by a doctor? If so, for what condition(s)? _____

List current medications you are taking, including ibuprofen, aspirin, etc. _____

List any surgeries, accidents or injuries you've had in the past two years: _____

Do you have any history of cancer, heart problems, or respiratory problems? _____

It is my choice to receive massage therapy. I realize that treatment is being given for the well being of my body and mind. I agree to communicate with my practitioner any time I feel like my well being is being compromised.

I understand that massage practitioners do not diagnose illness, disease, or any physical or mental disorder; nor do they prescribe treatment, pharmaceuticals, or perform spinal thrust adjustments. I acknowledge that massage is not a substitute for medical examination or diagnosis, and that it is recommended that I see a primary health care provider for that service.

I have stated all medical conditions that I am aware of and will update the massage practitioner of any changes in my health status.

Client signature _____ Date _____

Practitioner signature _____ Date _____