

Ab[SOUL]ute Massage LLC  
Confidential Client Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

St: \_\_\_\_\_ Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

(H) Phone: \_\_\_\_\_ (W) Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Occupation \_\_\_\_\_ Birthdate: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Number: \_\_\_\_\_

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Who referred you: \_\_\_\_\_ Reason for visit: \_\_\_\_\_

Is this your first professional massage? Y or N. If no, how frequently do you get massages? \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Are you allergic to any creams or oils? Y or N

Please state any injuries, surgeries, accidents or medical treatments and occurrence date:

\_\_\_\_\_

Tension areas? (i.e. neck, shoulders, etc.): \_\_\_\_\_

Please *circle* any of the following conditions you are experiencing:

Allergies	Flu/Cold/Fever	Osteoporosis	Arthritis
Headaches	Phlebitis	Cancer	Heart Ailment
Pregnancy	Chronic/Acute Pain	High Blood Pressure	PMS Syndrome
Diabetes	Hypoglycemia	Skin Disorders	Infectious Condition
Sleeplessness	Digestive Problems	Joint Discomfort	TMJ syndrome
Fibromyalgia	Emotional Changes	Kidney Ailment	Varicose Veins
Neck/Spine Injury	Carpal Tunnel Syndrome	Thrombosis/Clotting Problems	

Are you currently under the care of a physician? Y or N. Whom? \_\_\_\_\_

Please list any medications you are taking? \_\_\_\_\_

What types of exercise do you do and how often? \_\_\_\_\_

**Please read the following Disclaimer:**

I understand that if I experience any pain or discomfort during my session(s). I will immediately inform the therapist in order for the pressure and/or strokes to be adjusted to my level of comfort. I further understand massage/bodywork should not be considered a substitute for medical examination, diagnosis, or treatment; I should see a qualified medical specialist for any mental or physical ailment that I experience. I understand massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose or treat any physical or mental illness, or to prescribe any medications; nothing said during the sessions(s) should be interpreted as such. Because massage/bodywork should not be done in certain medical conditions, I affirm that I have stated all of my known conditions, and have answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile, and understand that there shall be no liability on the practitioner's parts should I forget to do so. It is also understood that no illicit or sexually aggressive remarks or advances made by me will result in immediate termination of the session, and I will be liable for FULL payment of the scheduled appointment. I also understand that cancelled or missed appointments without 24 hours notices (medical emergencies excluded) may be charged in part or in full for the price of the missed session.

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