

**CARLSON COLLEGE OF MASSAGE THERAPY  
CLIENT DATA FORM (CLINIC)**



***Welcome! We are making every effort to provide you with the best service possible.***

**An Intern of Massage Therapy will be working with you today. Please feel comfortable in letting him/her know if you are uncomfortable at any time.**

**You will be asked to fill out an evaluation form at the end of your massage.**

The cost of your massage is **\$35.00**. Will you be paying: in **cash**\_\_\_ or by **check**\_\_\_?  
If you are paying by check, ***please make your check payable to your Intern.***

Intern name \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE COMPLETE THIS FORM TO THE BEST OF YOUR ABILITY.**

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone: Home \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Business \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Doctor's / Chiropractor's name \_\_\_\_\_

**May the student contact you after graduation for marketing purposes? YES\_\_\_ NO\_\_\_**

**Have you ever received professional Massage Therapy before? Yes\_\_\_ No\_\_\_**

**Have you had:**

Any surgeries within the last 3 years? Yes\_\_\_ No\_\_\_ Explain \_\_\_\_\_

\_\_\_\_\_

Any injuries within the last 2 years? Yes\_\_\_ No\_\_\_ Explain \_\_\_\_\_

\_\_\_\_\_

Any major illnesses within the last three years? Yes\_\_\_ No\_\_\_ Explain \_\_\_\_\_

\_\_\_\_\_

**Please list medications:** \_\_\_\_\_

\_\_\_\_\_

**Do you have any chronic illness or discomfort? Yes\_\_\_ No\_\_\_ Explain:** \_\_\_\_\_

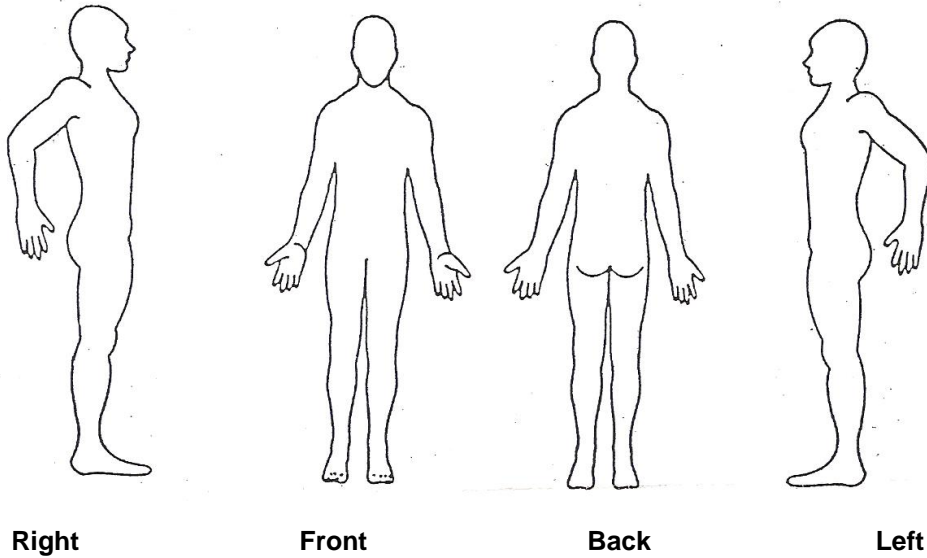
\_\_\_\_\_

\_\_\_\_\_

**Is your blood pressure:** high\_\_\_ low\_\_\_ normal\_\_\_

**If pregnant, please indicate trimester.** 1<sup>st</sup> \_\_\_ 2<sup>nd</sup> \_\_\_ 3<sup>rd</sup> \_\_\_

PLEASE CIRCLE ANY AREAS OF DISCOMFORT



Give a brief description of the discomfort you are experiencing: \_\_\_\_\_

What is your primary goal for this session? \_\_\_\_\_

What type of pressure do you prefer? Light\_\_\_ Medium \_\_\_ Heavy \_\_\_

Is there any other information we need to be aware of before beginning your massage therapy session? \_\_\_\_\_

**I UNDERSTAND THAT MASSAGE THERAPY IS THE MANIPULATION OF SOFT TISSUE. I HEREBY ASSUME ALL RESPONSIBILITY AND LIABILITY FOR THIS AND ANY FURTHER SESSIONS OF MASSAGE THERAPY THAT I MAY RECEIVE FROM AN INTERN.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**DUE TO THE CLOSE PROXIMITY OF OUR CLIENT THERAPY ROOMS, IT IS NECESSARY THAT TALKING IS KEPT TO A MINIMUM DURING YOUR MASSAGE SESSION.**

If you have a cell phone **PLEASE turn it OFF** during your session.

*Thank You*