



MASSAGE CLIENT INFORMATION FORM

Name _____ Address _____
City _____ State _____ Zip _____
Phone we can reach you at if needed: _____
Occupation _____ Employer _____
Medical Doctor _____
Surgeries (approx. year) _____
Recent Injuries or Serious Illnesses _____
Medications _____

Check any of the following conditions that apply or have applied to you:

- | | | |
|--|---|--|
| <input type="checkbox"/> Spinal problems | <input type="checkbox"/> Pregnant | <input type="checkbox"/> High Blood pressure |
| <input type="checkbox"/> Chronic Back Pain | <input type="checkbox"/> Varicose Veins | <input type="checkbox"/> Low Blood Pressure |
| <input type="checkbox"/> Herniated Disc | <input type="checkbox"/> Blood Clots | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Chronic Neck Pain | <input type="checkbox"/> Cancer | <input type="checkbox"/> Frequent Headaches |
| <input type="checkbox"/> Sciatica | <input type="checkbox"/> Vertigo | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Bursitis | <input type="checkbox"/> Stroke |

Allergic Reactions _____

What areas do you feel need special attention? _____

Have you ever received professional massage therapy before? Yes ___ No ___

* _____ (Please initial) Please note the 24 hour cancellation policy. Should you need to cancel and it is within 24 hours, you will be charged for the session.

I, _____ understand that massage therapy given here is for the purpose of stress reduction, relief from muscular tension or spasm, or for increasing circulation. I understand that the massage therapist does not diagnose illness, disease, or any other physical or mental disorder. As such, the massage therapist prescribes neither medical treatment nor pharmaceuticals, nor performs any spinal manipulations. It has been made very clear to me that this massage therapy is not a substitute for medical examinations and/or diagnosis and that it is recommended that I see a physician for any physical ailment that I might have. Because a massage therapist must be aware of existing physical conditions, I have stated all my known medical conditions and take it upon myself to keep the massage therapist updated on my physical health.

Signature _____ Date _____