

CLIENT INFORMATION

Name: _____ Ph:() _____ Date of Birth _____

Address: _____

_____ Email _____

Referred by: _____ Ph:() _____

In case of Emergency: _____ Ph: () _____

General & Medical Information

Yes No Have you ever experienced a professional massage/bodywork session ?

If you answer "yes" to any of the following questions, please explain as clearly as possible.

Yes No Do you frequently suffer from stress?

Yes No Are you Pregnant ?

Yes No Do you experience frequent headaches?

Yes No Are you wearing contacts?

Yes No Are you epileptic?

Yes No Are you diabetic ?

Yes No Do you have tension or soreness in a
In a specific area?

Yes No Do you suffer from back
pains anywhere?

Yes No Do you have numbness or stabbing
Pains anywhere ?

Yes No Have you ever had
surgery?

Yes No Do you have high blood pressure?

Yes No Are you sensitive to touch/
pressure anywhere ?

Yes No If yes to the previous question , are you
taking medication for this ?

Yes No Have you had any broken
bones in the past ?

Comments: _____

Please take a moment to carefully read the following information and sign where indicated.

If you have a specific medical condition or specific conditions, massage may be contraindicated. A referral from your primary care provider may be required prior to service being provided. I understand that the massage I receive is for the purpose of relaxation & relief of muscular tension. If I experience any pain or discomfort, I will immediately inform the practitioner so that the pressure and/or stroke may be adjusted to my level of comfort. I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment. I should see a physician or qualified medical specialist for any physical or psychological ailment I am aware of. I understand that massage practitioners are not qualified to diagnose, prescribe, or treat any physical or mental illness & nothing said in the course of the session should be construed as such. Massage should not be performed under certain medical conditions. I affirm that I have stated all my known medical conditions & answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile & understand that there shall be no liability on the practitioner's part should I forget to do so.

Client signature _____ Date _____