

Name _____ Date of Birth _____

Address _____ City/State/Zip _____

Phone (cell) _____ Phone (home) _____ Email _____

Emergency Contact _____

- 1. Is there a particular area of the body where you are experiencing tension, stiffness, pain or other discomfort? Yes No
If yes, please identify _____
- 2. What is your occupation? _____
- 3. Do you perform any repetitive movement in your sports or hobby? Yes No
If yes, please describe _____
- 4. Do you sleep on your back, stomach, right side, or left side? _____
- 5. Are you right-handed or left-handed? R / L

Medical History

- 6. Are you currently under medical supervision? Yes No
If yes, please explain _____
- 7. Are you currently taking blood thinners? Yes No
If yes, please list _____
- 8. Please check any condition listed below that applies to you:
 - () contagious skin condition () phlebitis/ deep vein thrombosis/ blood clots
 - () open sores or wounds () tennis elbow/tendonitis
 - () bruise easily () joint disorder/rheumatoid arthritis/osteoarthritis
 - () recent accident or injury () osteoporosis
 - () recent fracture () epilepsy
 - () atherosclerosis () headaches/migraines
 - () artificial joint () cancer
 - () sprains/strains () diabetes
 - () current fever () decreased sensation
 - () swollen glands () back/neck problems
 - () allergies/sensitivity () fibromyalgia
 - () heart condition () TMJ disorder
 - () high/low blood pressure () carpal tunnel syndrome
 - () circulatory disorder () pregnancy If yes, how many months? _____
 - () varicose veins () past surgeries & dates: _____

Please explain any condition you have marked above _____

I, _____ (print name) understand the following about this massage session:

- If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort.
- I further understand that massage should not be construed as a substitute for diagnosis or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment.
- Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so. In the event that I become injured either directly or indirectly as a result, in whole or in part, of the aforesaid massage therapy I hereby hold harmless and indemnify the therapist, their principals, and agents from all claims and liability whatsoever.
- Clients under the age of 18 must be accompanied by a parent or legal guardian during the entire session.

Signature of Client _____ Date _____

Signature of Guardian of Minor _____ Date _____