



Alamogordo Physical Therapy
& Wellness Center

Massage Therapy Client Information

(PLEASE PRINT)

Client Information

First Name: _____ Middle Initial: ____ Last name: _____

Date of birth: _____

In case of emergency: Name: _____ Phone: _____

Relationship to you: _____

Your Address: _____ Home phone: _____

City: _____ State: ____ Zip: _____ Work phone: _____

Email: _____ Cell phone: _____

(This is for internal use only. May use for appointment reminders.)

Occupation: _____

How did you hear about us: _____

Health History

Please take a moment to carefully read the following information. Some specific conditions or symptoms may require a physician's release before receiving massage services.

Please circle your response:

Yes	No	Are you wearing contact lenses?	Yes	No	Do you have any tension or soreness?
Yes	No	Are you wearing dentures?	Yes	No	Do you bruise easily?
Yes	No	Are you pregnant? Due date: _____	Yes	No	Are you sensitive to touch or pressure?
Yes	No	Do you frequently suffer from stress?	Yes	No	Do you have any heart problems?
Yes	No	Do you experience frequent headaches?	Yes	No	Do you have any lung problems?
Yes	No	Do you have diabetes?	Yes	No	Do you have any numbness?
Yes	No	Do you have arthritis?	Yes	No	Do you have any stabbing pain?
Yes	No	Do you have high blood pressure?	Yes	No	Have you been diagnosed with cancer?
Yes	No	Do you have epilepsy or seizures?	Yes	No	Have you been in an accident or had any injuries in the past 2 years
Yes	No	Do you have joint swelling?	Yes	No	Have you had any broken bones in the past 2 years?
Yes	No	Do you have varicose veins?	Yes	No	Have you had recent surgery?
Yes	No	Do you have osteoporosis?			
Yes	No	Do you have any allergies?			

Any other health or medical conditions or comments: _____

Message History/Session Information

Have you ever received a professional massage? Yes No If yes, date of last massage: _____

What result do you want from your massage sessions? _____

Statement of Understanding

- ✓ I understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. A massage therapist cannot diagnose illness, disease, or any other medical, physical, or emotional disorder, nor perform any spinal manipulations. I am responsible for consulting a qualified physician for any physical or emotional ailments that I have.
- ✓ If I experience any pain or discomfort during any session, I will immediately let the therapist know so that they may adjust the pressure or strokes to my level of comfort.
- ✓ 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.
- ✓ I understand that massage therapy is a therapeutic health aide and is non-sexual. Any illicit or sexually suggestive remarks or advances made by myself will result in immediate termination of the session and I will be liable for payment of the scheduled appointment.
- ✓ I understand I should arrive 15 minutes prior to my scheduled appointment time to allow enough time to check in. If the massage therapist starts my session late, the appropriate time will be added at the end of my session, if possible, or my fee will be reduced accordingly. I understand if I arrive late, my session will end at the originally scheduled time so the client following me is not penalized and I will be liable for the full price of my originally scheduled session.
- ✓ I agree to give 24-hour notice for scheduled session that I cannot keep. I am aware that I may be charged the full fee for any missed sessions or for sessions that I do not give 24-hour notice to cancel or reschedule.
- ✓ I understand that massage treatments are generally performed on unclothed clients, although undergarments may be worn if preferred. Professional draping is performed throughout the duration of the service for privacy. I have complimentary use of the locker/shower facilities on site, but must bring my own toiletries/towel and robe if needed.

Signed _____ Date _____