



# 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? \_\_\_\_\_

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### 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 \_\_\_\_\_