



Massage & Bodywork Client Information

Name _____ D.O.B. _____

Address _____ Home Phone () _____

_____ Work Phone () _____

Cell Phone () _____ Email Address _____

Referred by _____

In case of emergency: Name _____ Phone () _____

Have you ever had a professional massage/bodywork session? _____

Describe reason for this visit: _____

Medical Information

If you answer yes to any question below please explain as clearly as possible.

Yes	No		Yes	No	
_____	_____	Do you frequently suffer from stress?	_____	_____	Have you had surgery in the past 6 months?
_____	_____	Do you experience frequent headaches?	_____	_____	Do you have trouble with varicose veins or blood clots?
_____	_____	Are you pregnant?	_____	_____	Do you have cardiac or circulatory problems?
_____	_____	Do you have high blood pressure?	_____	_____	Do you have numbness or stabbing pains anywhere?
_____	_____	Do you have tension or soreness in a specific area?	_____	_____	Have you had any broken bones in the past two years?
_____	_____	Do you have eczema?	_____	_____	Do you have any other medical condition I should be aware of?
_____	_____	Are you diabetic?	_____	_____	Do you have any limitations of mobility?
_____	_____	Do you have herpes?	_____	_____	Are you very sensitive to touch/pressure in any area?
_____	_____	Do you have any open sores or cuts?	_____	_____	
_____	_____	Do you have Phlebitis?	_____	_____	

Comments _____

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

If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to services being provided.

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage therapists/bodyworkers are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session(s) given should be construed as such. Because massage/bodywork is contraindicated (should not be done) 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 practitioner updated as to any changes in my medical profile, and understand that there shall be no liability on the practitioners part should I forget to do so. It is also understood that any illicit or sexually aggressive remarks or advances made by me will result in immediate termination of session, and I will be liable for payment of the scheduled appointment.

Signature _____ Date _____