

### Client Information Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone(home) \_\_\_\_\_ (work) \_\_\_\_\_ Age: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Physician: \_\_\_\_\_  
Medications: \_\_\_\_\_  
Primary Reason for Appointment: \_\_\_\_\_  
Referred By: \_\_\_\_\_

Please read the following questions then answer by circling the appropriate answer. If you answer YES to any of the questions below, please explain on the line provided.

|   |               |
|---|---------------|
| Have you had a professional massage before? | Yes/No _____  |
| Do you suffer from tension?                 | Yes/No _____  |
| Are you pregnant? (Woman)                   | Yes/No _____  |
| Do you suffer from spinal problems?         | Yes/No _____  |
| Have you had previous surgeries?            | Yes/No _____  |
| Do you have arthritis?                      | Yes/No _____  |
| Do you have varicose veins?                 | Yes/No _____  |
| Do you have chronic back pain?              | Yes/No _____  |
| Do you wear contact lenses or dentures?     | Yes/No _____  |
| Do you bruise easily?                       | Yes/No _____  |
| Do you have frequent headaches?             | Yes/No _____  |
| Do you have high blood pressure?            | Yes/ No _____ |
| Do you have any heart problems?             | Yes/No _____  |
| Do you have any contagious diseases?        | Yes/No _____  |

Do you have any other medical condition(s) of which I should be aware of? Yes/No  
If so, please specify \_\_\_\_\_

I understand that 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 the 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 the massage therapist does not diagnose illness, disease, or any other physical/mental disorders. As such, a massage therapist neither prescribes medications, medical treatment, nor performs any spinal manipulations. It has been made clear to me that massage therapy is not a substitute for medical examinations and/or diagnosis, and that it is recommended I see a physician for any physical ailment that I might have and that nothing said in the course of this session given should be construed as such.

I agree to keep the practitioner informed 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 also understand that any illicit or sexually suggestive remarks or advances made by me will result in termination of the session, and I will be liable of payment of the scheduled appointment.

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_