

Name: _____ Date: _____
Last First MI

Address: _____
Street Apt# City Zip

Home/Cell Phone: _____ Work Phone: _____

Date of Birth: _____ Emergency Contact: _____

Occupation: _____

Reason for Appointment: _____

Have you ever had a professional massage before? YES NO If yes, how long ago? _____

List of current medications: _____

List any Allergies: _____

Place a mark next to any of the following that apply:

_____ Frequent Headaches

_____ Any skin rashes or conditions

_____ Arthritis

_____ Diabetes

_____ Varicose Veins

_____ Pregnant (Due Date: _____)

_____ Osteoporosis

_____ High Blood Pressure

_____ Fibromyalgia/Chronic Fatigue

_____ Any Contagious diseases/illnesses

_____ Chronic Back/Neck Pain

_____ Allergies

_____ Blood Clots/Phlebitis

_____ Silicosis

_____ Cancer

_____ Inflammation/Swelling

_____ Injuries within the past 12 months

_____ Cardiac or Circulatory Problems

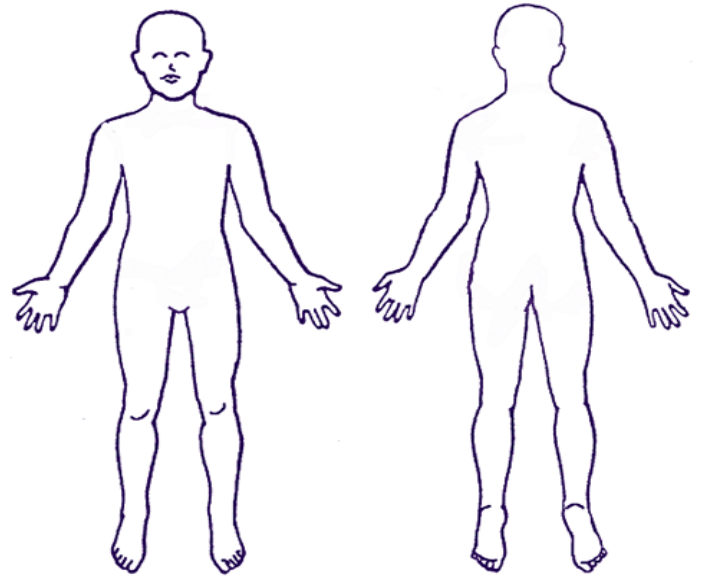
_____ Surgeries within the past 12 months

Do you have any other medical conditions? _____

Would you like light, medium, or deep pressure during your massage? _____

What outcome do you expect from this massage/bodywork session? _____

On this diagram, please **CIRCLE** the areas of the body that you feel need the most attention in the massage session, and place an "X" over the areas that you wish to have avoided



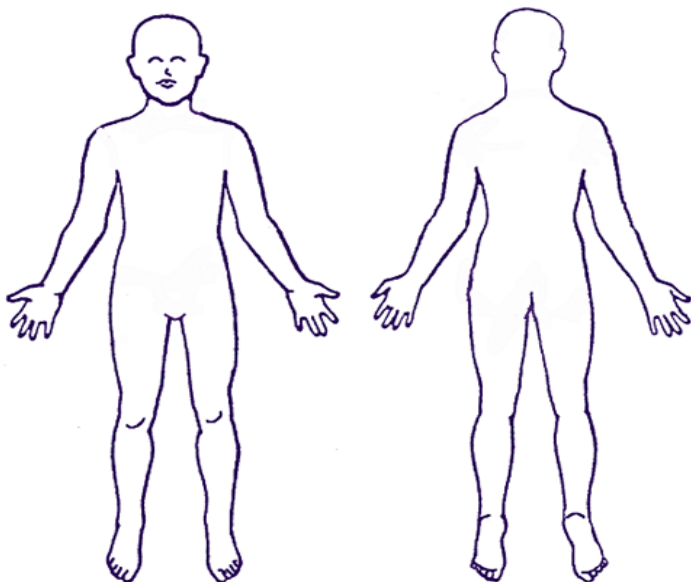
Please read the following information and sign where indicated:

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. There are certain medical conditions in which receiving a massage may not be appropriate. In those cases, a referral from a physician may be required prior to the services being provided. Massage/bodywork is not a substitute for medical attention received by a medical specialist. If I experience any pain or discomfort during the session, I will immediately inform the therapist so that the pressure/strokes may be adjusted. In addition, if I am uncomfortable for any reason, I may ask the session be stopped immediately. Draping will always be used during massage/bodywork sessions. No breast massage shall be done without written consent of the client and therapist. Any illicit or sexually suggestive remarks or advances made by me (the client) will result in the immediate termination of the session.

Client Signature: _____

Date: _____

For Therapist Use:



Services performed today: _____

Type of massage techniques used during the massage session:

CIRCLES indicate the areas of the body that will be massaged, and the "X" indicates the areas of the body that will be avoided and the contraindications.

Therapist Signature _____

Date _____