

Client Information and Release Form

Name _____ Birth Date _____
 Address _____
 City _____ State _____ Zip _____
 Phone Number (_____) _____ Email _____
 Referred By _____ Today's Date: _____

General and Medical History

Please check all that apply:

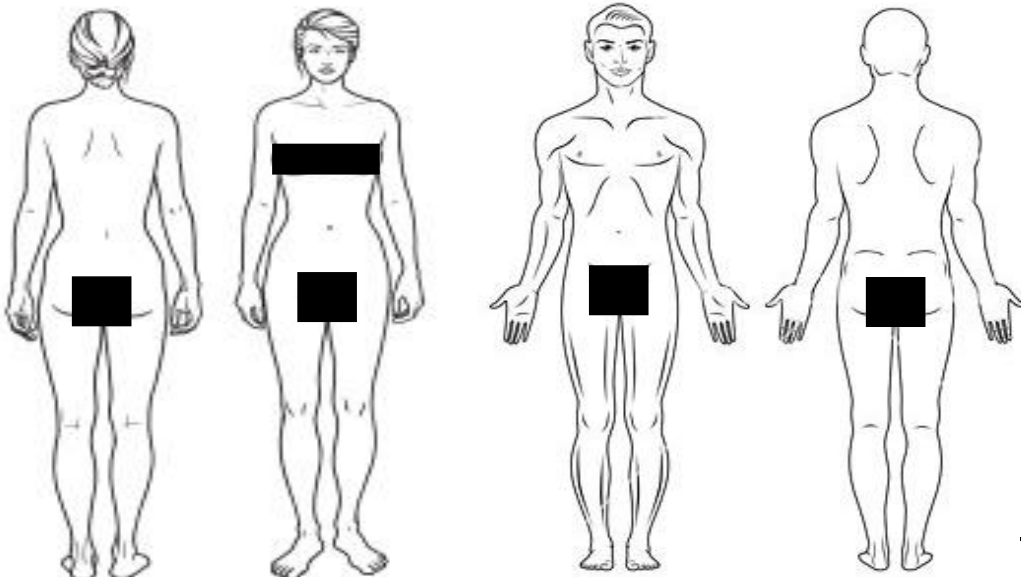
- | | |
|--|---|
| <input type="checkbox"/> Allergies / Sensitivity | <input type="checkbox"/> Fibromyalgia |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Headaches / Migraines |
| <input type="checkbox"/> Blood Clots | <input type="checkbox"/> Heart / Kidney Disease |
| <input type="checkbox"/> Bruise Easily | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Injuries |
| <input type="checkbox"/> Carpal Tunnel | <input type="checkbox"/> Sciatica |
| <input type="checkbox"/> Contagious Skin Condition | <input type="checkbox"/> Spinal Problems |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Varicose Veins |
| <input type="checkbox"/> Epilepsy / Seizures | <input type="checkbox"/> Currently Pregnant? |
- How Many Weeks : _____

Please explain any checked above: _____

Any medical conditions your massage therapist should be made aware of?

Current Medications: _____

Type of massage : Therapeutic / Wellness Deep Tissue / Trigger Point Prenatal



Precautions / Preferences:

Contraindications:

*Circle any specific areas you would like the massage therapist to concentrate on during the session **

Client Acknowledgment

--I understand that the massage 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 understand that therapeutic massage should not be done under certain medical conditions; I affirm that I have completed this form to the best of my knowledge and will inform the massage therapist of any change in my physical health.

--I understand that the massage therapist cannot diagnose illness, disease, or any other medical, physical, or emotional disorder. I am responsible for consulting a qualified physician for any physical ailments that I may have.

--If uncomfortable for any reason, the client or the therapist may ask to end the massage session immediately.

--The massage therapist will not perform breast massage on female clients without the written consent of the client prior to the massage session.

--I understand that draping will be used during the massage session and only the area being worked on will be uncovered. *Note that areas covered with a black box will not be treated.

--I understand that if I arrive late, my session will end at the originally scheduled time so that the client following me is not penalized.

--I agree to give 24-hour notice for a 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.

Client Signature _____ Date _____
(Parent or Guardian if under the age of 17)

Therapist Signature _____ Date _____