

Client Information

Name _____ Phone _____

Address _____ Email _____

Emergency contact name _____

Relationships to you _____ Phone _____

Have you had massage/bodywork before? ____ How recently? _____

What are your goals or expected outcomes from this massage/bodywork? _____

What are your current symptoms (pain, stiffness, numbness, tingling, swelling, etc)?

Do these symptoms interfere with your work, play, sleep? If so, please explain.

Are you currently taking any NSAIDs? (Ibuprofen, Advil, Aleve,) or blood thinners?

Please list: _____

Do you have any past surgeries or injuries that may influence your massage? If so, please explain: _____

Circle any of the following conditions you have. Please be honest.

blood clots infections congestive heart failure

contagious diseases pitting edema DVT

Indicate conditions that you have, or have had in the past, and give a brief description:

Current Past Muscle or joint pain _____

Current Past Muscle or joint stiffness _____

Current Past Numbness or tingling _____

Current Past Swelling _____

Current Past Bruise easily _____

Current Past Sensitive to touch/pressure _____

Current Past High/Low blood pressure _____

Current Past Stroke or TIA _____

Current Past Heart attack/ cardiac event _____

Current Past Varicose veins _____

Current Past Shortness of breath, asthma _____

Current Past Cancer _____

Current Past Neurological (e.g. MS, Parkinson's, chronic pain)

Current Past Epilepsy, seizures _____

Current Past Headaches, Migraines _____

Current Past Dizziness, ringing in the ears _____

Current Past Digestive conditions (e.g. Crohn's, IBS) _____

Current Past Gas, bloating, constipation _____

Current Past Kidney disease, infection _____

Current Past Arthritis (rheumatoid, osteoarthritis) _____

Current Past Osteoporosis, degenerative spine / disk _____

Current Past Scoliosis _____

Current Past Broken bones _____

Current Past Allergies _____

Current Past Diabetes _____

Current Past Endocrine / thyroid conditions _____

Current Past Depression, anxiety _____

Current Past Memory Loss, confusion, easily overwhelmed _____

Consent for Treatment:

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 of which I am aware. I understand that massage/bodywork practitioners 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 given should be construed as such. Because massage/bodywork should not be performed 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 practitioner'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 immediate termination of the session, and I will be liable for payment of the scheduled appointment. Understanding all of this, I give my consent to receive care.

Client Signature: _____ **Date:** _____