

Name _____ Phone _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Place of Employment _____ Phone _____

Emergency Contact(required) _____ Phone _____

How did you find out about our services? _____

Email _____

Medical Information

Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated.

Y N Do you have any contagious diseases?
 Y N Do you suffer from frequent headaches?
 Y N Do you bruise easily?

Y N Are you sensitive to pressure or touch in any area? Please specify _____

Y N Do you have allergies? Please specify _____

Y N Are you pregnant or nursing?

Y N Have you been in an accident or suffered any injuries in the past six months? _____

If so, please specify _____

Y N Do you have any tension or soreness in a specific area? Please specify _____

Do you suffer from any of the following?

<input type="checkbox"/> Diabetes	<input type="checkbox"/> High Blood Pressure
<input type="checkbox"/> Arthritis	<input type="checkbox"/> HIV
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Circulatory Problems
<input type="checkbox"/> Joint Swelling	<input type="checkbox"/> Cancer
<input type="checkbox"/> Back Pain	<input type="checkbox"/> Skin Problems
<input type="checkbox"/> Varicose veins	<input type="checkbox"/> Osteoporosis
<input type="checkbox"/> Inflammation	<input type="checkbox"/> Hepatitis

Are you taking any medication?

☐ Antibiotics
☐ Vitamins/Supplements
☐ Aspirin/Ibuprofen/Acetaminophen
☐ Other _____

Have you had surgery in the past year? _____

Is there any other information your therapist should know before beginning your session? _____

I understand that the massage/bodywork I receive is provided for 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 and 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, diagnoses, 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 therapist updated as to any changes in my medical profile and understand 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 for payment of the scheduled appointment.

Signature _____ Date _____