

## Massage 2 U, LLC - Confidential Client History

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Have you received professional massages before? ☐ Yes ☐ No

How often do you receive massages? \_\_\_\_\_

How did you hear about me? ☐ Backpages ☐ Craigslist ☐ Houston Press

Internet Site: \_\_\_\_\_ Referred by: \_\_\_\_\_

Please check the item(s) that apply to you:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Cancer         | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Recent injuries |
| <input type="checkbox"/> Diabetes       | <input type="checkbox"/> HIV                 | <input type="checkbox"/> Spinal injuries |
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Joint Problems      | <input type="checkbox"/> Surgery         |
| <input type="checkbox"/> Headaches      | <input type="checkbox"/> Pregnancy           | <input type="checkbox"/> Varicose veins  |

If you checked any of the above please explain:

Are you currently under a doctor's care and/or taking any prescribed medications?

Do you have any tense or sore areas that need special attention?

What are your expectations of the massage session?

How much pressure would you like? ☐ light ☐ medium ☐ deep tissue (hard)

Preferred draping? covered with ☐ sheet ☐ towel

How would you like to receive promotions or reminders? ☐ Phone ☐ Email ☐ None

I understand that massage therapy is for the purpose of stress reduction, relief from muscular discomfort and for increasing blood, lymph and energy circulation. It is made clear to me that massage therapy is not a substitute for medical examination or diagnosis. I understand the massage therapist does not diagnose illness, disease or any other physical disorder and I release the massage therapist of all liability from injury.

The solicitation of sexual acts is a violation of state laws and is punishable by fine and / or imprisonment. Such behavior will result in immediate termination of the session and payment in full will be required. If a massage is to be rescheduled you will need to give the massage therapist 2 hours notice before canceling.

Client Signature

Date

Therapist Signature

Date