



# CLIENT INFORMATION



Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Spouse's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Medications: \_\_\_\_\_ Physician: \_\_\_\_\_ Referred by: \_\_\_\_\_  
 Primary Reason for Appointment: \_\_\_\_\_  
 Areas of Discomfort, Pain or Tension: \_\_\_\_\_

Please Read and Answer the Questions Below.  
 Check (✓) Yes or No, providing additional information where appropriate.

- (1) Did you ever have a professional massage before?  Yes  No
- (2) Did you ever have surgery?  Yes  No  
 If yes, please describe \_\_\_\_\_
- (3) Do you wear contact lenses or dentures?  Yes  No
- (4) Do you have any skin problems or allergies?  Yes  No
- (5) Do you take any prescribed medicines?  Yes  No  
 If yes, please describe \_\_\_\_\_
- (6) Did you recently suffer an acute injury?  Yes  No
- (7) Do you have any varicose veins or blood clots?  Yes  No
- (8) Do you have arthritis?  Yes  No
- (9) Do you exercise regularly or participate in any sports?  Yes  No  
 If yes, please describe \_\_\_\_\_
- (10) Do you have any heart problems?  Yes  No
- (11) Do you have any spinal problems?  Yes  No  
 If yes, please describe \_\_\_\_\_
- (12) Are you pregnant?  Yes  No
- (13) Do you have any blood pressure problems?  Yes  No
- (14) Do you have any tense/sore areas that need special attentions?  Yes  No  
 If yes, please describe \_\_\_\_\_
- (15) Do you have any other medical conditions that I should be aware of before giving you massage therapy?  Yes  No  
 If yes, please describe \_\_\_\_\_

I, \_\_\_\_\_, understand that message therapy given here is for the purpose of stress reduction, relief from muscular tension or spasm, or increasing circulation and energy flow. I understand that the massage therapist does not diagnose illness, disease or any other physical or mental disorder. As such, the massage therapist does not prescribe medical treatment or pharmaceuticals, nor perform and spinal manipulations. It has been made very clear to me that this massage therapy is not a substitute for medical examinations and/or diagnosis, and that it is recommended that I see a Physician for any physical ailment that I might have. Because a massage therapist must be aware of existing physical conditions, I have stated all my known medical conditions and take it upon myself to keep the massage therapist updated on my physical health.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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