

## CLIENT INFORMATION FORM

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 TELEPHONE: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_ (CELL) \_\_\_\_\_  
 OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_\_ PRIMARY PHYSICIAN \_\_\_\_\_  
 HOW DID YOU HEAR ABOUT US? \_\_\_\_\_  
 SPOUSE'S NAME \_\_\_\_\_  
 PRIMARY REASON FOR APPOINTMENT \_\_\_\_\_  
 AREAS OF COMPLAINT, PAIN OR TENSION \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_

Please answer the following questions:

YES	NO	1. Have you had a professional massage before?
YES	NO	2. Have you ever had surgery?
YES	NO	3. Do you wear contact lenses?
YES	NO	4. Do you have skin problems or allergies?
YES	NO	5. Do you take prescribed medication?
YES	NO	6. Have you suffered an acute injury recently?
YES	NO	7. Do you have varicose veins or blood clots?
YES	NO	8. Do you have arthritis?
YES	NO	9. Do you have any heart problems?
YES	NO	10. Do you have blood pressure problems?
YES	NO	11. Do you have any spinal problems?
YES	NO	12. Do you exercise regularly or participate in any sports?
YES	NO	13. Do you have any other medical conditions of which I should be aware of before giving you a massage?
		14. May we contact you at your home ___ Cell ___ Work ___

I understand that massage therapy given here is for the purpose of stress reduction, relief from muscular tension or spasm, or for 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 any spinal manipulations. It has been made very clear to me that massage therapy is not a substitute for medical examinations and/or diagnosis.

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.

There is no charge for appointments rescheduled at least 12 hours before appointment time. You will be charged the full amount for failing to show up for a scheduled appointment.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_