



Today's Date: _____

Personal Information

Name:			
Address:			
Date of Birth:	Gender	M	F
Occupation:			
Contact Information			
Daytime phone:			
Alternate phone:			
e-mail address:			
Referral by:			

What are you hoping to gain from massage and bodywork? _____

Have you ever experienced a professional massage? Y N

Are you presently under a doctor's or therapist's care? Y N

If yes, please let me know for what: _____

Please list any current symptoms: _____

List any medications you are taking: _____

Any side effect, if any do you experience? _____

Do you have any allergies and if so, to what? _____

Do you wear contact lenses? Y N

Are you pregnant? Y N Expected Due Date? _____

Do you smoke? Y N

Do you exercise? Y N Please specify: _____

Are you experiencing any pain today? _____

If yes, how long have you had this pain and can you describe it?

Can you feel or touch the area effected by the pain? _____

In a brief statement below, please describe the pain including the location and any activities that may be causing this pain. **Please discuss with practitioner before session begins.**



Please provide any health history or conditions you may have been diagnosed below. If you have experienced any health conditions in the past or if you have recently been diagnosed by a medical professional, please provide a brief narrative next to it.

Cancer: _____

Surgeries: _____

Sports Injuries: _____

Other Medical Conditions: _____

Some conditions may be counter indicated and massage may not be recommended. Massage and bodywork is not designated to treat these conditions but it will be helpful for the massage therapist to plan your sessions.

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I, _____, have given a complete health history to the best of my knowledge, and agree that I will not hold the practitioner liable for any negative effects of my session related to any missing information. I understand there are conditions that are counter indicated to massage treatments. I agree that massage is not intended as a substitute for a medical examination and that the practitioner is not able to diagnose a medical condition or offer treatment, prescribe remedies or mediations.

Waiver Statement

Massage Therapy and Bodywork should not be considered a substitute for a medical examination, health diagnosis, or said treatment for any personal medical issues. It is strongly recommended that you consult with medical professionals on a regular or an "as needed" basis.

Acknowledgement

I have read the above Waiver Statement and agree to the terms and conditions as stated.

Initials _____

Client Signature: _____ Date: _____

Practitioner: _____ Date: _____