

CLIENT HEALTH INFORMATION

Name: _____ Phone: _____

Address: _____

Emergency Contact: _____ Phone: _____

Occupation: _____ Referred by: _____

Email: _____ Age: _____

Please carefully read the following information and sign where indicated. Massage/bodywork may be contraindicated for certain medical conditions. A referral from your physician may be required prior to services being provided.

Do you have any chronic conditions?

_____ Allergies	_____ Diabetes	_____ Change in Appetite
_____ Asthma	_____ High/Low Blood Pressure	_____ Digestive Problems
_____ Arthritis	_____ Sensitivity to Lotions/Oils	_____ Skin Problems
_____ Epilepsy/Seizures	_____ Cancer	_____ Fatigue
_____ Depression	_____ Anxiety	_____ Neuropathy
_____ Insomnia	_____ TMJ	_____ Poor Wound Healing
_____ Disc problems	_____ Tendonitis	_____ Bladder Problems
_____ Bursitis	_____ Scoliosis	_____ Easy Bruising
_____ Headaches	_____ Cardiac/Circulatory Problems	_____ Edema/Lymphedema
_____ Stress	_____ Varicose Veins	_____ Bone Density Loss

Others:

Have you ever had lymph nodes biopsied/radiated/removed? _____

Do you have any contagious diseases? _____ Are you pregnant? _____

Have you been in an accident or suffered any injuries in the past two years? _____

Do you have any numbness or stabbing pain anywhere? _____

Have you ever had surgery? _____

Do you take any medication? _____

Do you have any chronic or frequent pain problems? _____

How do you reduce stress? _____

How do you reduce pain? _____

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during the session, I will immediately inform the practitioner, so that the pressure may be adjusted to my level of comfort. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness, and that nothing said in the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I stated all my known medical conditions and answered all questions honestly. I will inform the practitioner of any changes in my medical profile, and understand that there is no liability on the practitioner'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 immediate termination of the session, and I will be liable for payment of the scheduled appointment.

Signature of Client

Date