



Name _____ Date of Birth _____

Address _____ Phone _____

Emergency Contact _____ Phone _____

How did you hear of me? internet advertisement friend/client: _____

Therapeutic Massage & Bodywork ~ MA52539

Please check all of the following conditions that apply to you:

- Cuts / Bruises / Rashes / Open skin areas
- Autoimmune Disorder
- Blood Clot
- Cancer
- Diabetes
- Edema / Swelling
- Epilepsy / Seizures / Convulsions
- Fibromyalgia
- Heart Condition
- Herniated Disc
- High Blood Pressure
- Infectious Condition
- Loss of Range of Motion
- Numbness or Tingling in
- Osteoporosis
- Phlebitis / Thrombosis
- Pregnancy - # of weeks: _____
- Stroke / TIA
- Varicose Veins
- Other _____

What is the main reason for your session today? relaxation pain relief therapeutic / regain movement post-surgery

Areas to avoid: _____

Occupation / hobbies: _____

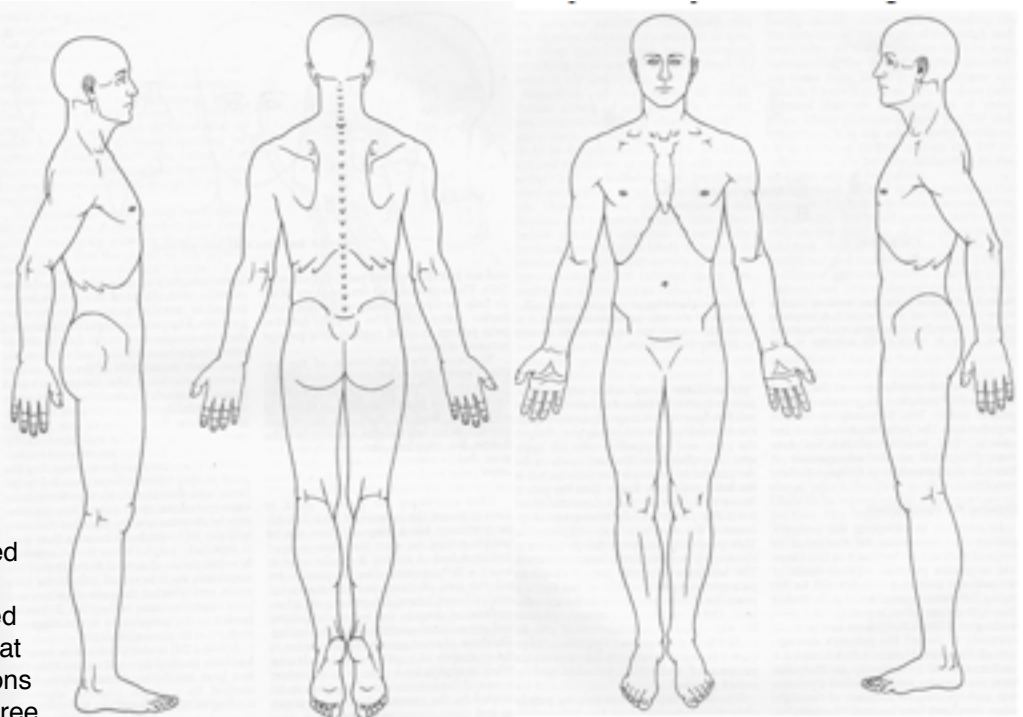
When was your last massage? _____

MEDICATIONS

ALLERGIES

SURGERIES

Please indicate the areas of your body that are being affected:



~ The information provided is useful for the massage therapist to deliver a more effective treatment. ~

*** I understand that massage is not a replacement for medical care and that no diagnosis will be made. If I experience any pain or discomfort during the session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and that I will be liable for payment of the scheduled appointment.

to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and that I will be liable for payment of the scheduled appointment.

Signature _____

Date _____