

Massage Client Information

Name: _____ Phone #: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Email: _____

Date of Birth: _____ Occupation: _____

Referred by: _____

Emergency Contact: _____ Phone #: _____

General and Medical Information

Y N Have you ever had a professional massage? If yes, how often?

Y N Are you pregnant? _____

Y N Do you wear contact lenses? _____

Y N Do you have high blood pressure?
If yes, is it under control? _____

Y N Do you suffer from seizure disorders or epilepsy? _____

Y N Are you diabetic? If yes, is your diabetes under control? _____

Y N Have you broken any bones in the past two years? Which? _____

Y N Do you have cardiac or circulatory problems? Please explain. _____

Y N Have you ever had surgery? If yes, please explain. _____

Y N Do you have any other medical conditions or injuries? _____

Y N Are you currently taking any medications? What for? _____

General and Medical Information (cont.)

Y N Do you suffer from back pain? Upper, mid, lower back? _____

Y N Do you experience headaches? _____

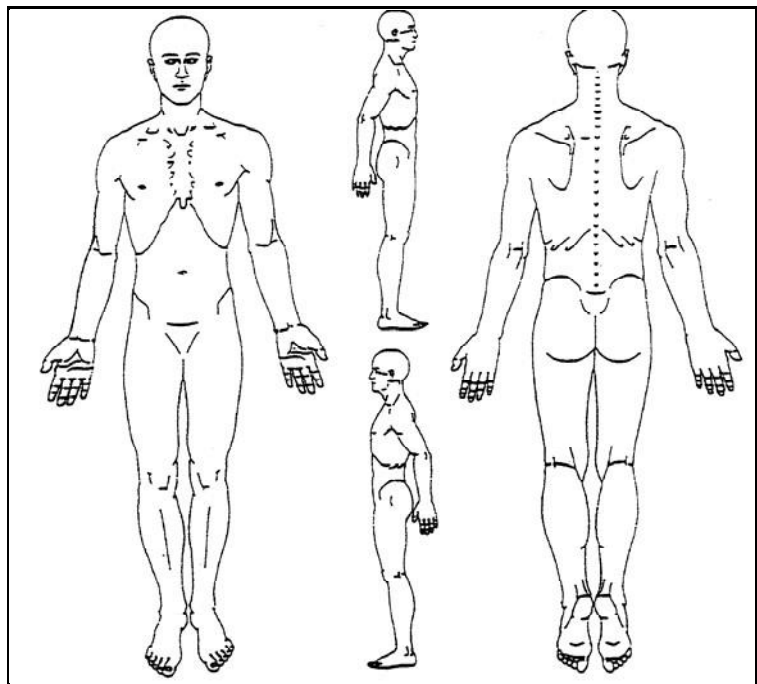
Y N Do you have tension or soreness in a specific area? _____
If so, where? _____

What activities/movements/positions make this
Worse? _____

Better? _____

Y N Are you sensitive to touch/pressure in any area? (ticklish?) _____

Y N Are you allergic or sensitive to any oils (essential oils, nut oils, scents)?
If yes, please list. _____



Please provide additional information about your health to assist your therapist in providing a beneficial and therapeutic massage (previous injuries, goals for massage, etc.).

Please mark in the diagram above any areas where you have pain or discomfort.

Massage Client Waiver Form

Please take a moment to read and initial the following information:

I understand that massage therapy is provided for stress reduction, relaxation, relief from muscular tension, and improvement of circulation and energy flow.

If I experience pain or discomfort during the session, I will immediately inform my therapist so that pressure/strokes can be adjusted to my level of comfort. I will not hold my therapist responsible for any pain or discomfort I experience during or after the session.

I understand that the services offered today are not a substitute for medical care. I understand that my therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat physical or mental illness.

I affirm that I have notified my therapist of all known medical conditions and injuries.

I agree to inform the therapist of any changes in my health and medical condition. I understand that there shall be no liability on the therapist's part should I forget to do so. _____

I understand that massage is entirely therapeutic and non-sexual in nature.

By signing this release, I hereby waive and release my therapist from any and all liability, past, present, and future relating to massage therapy and bodywork. _____

I have received the policy statement, and have read and agree to the policies therein.

Client name: _____ Client

signature: _____

Date: _____

Therapist signature: _____

Information and Suggestions

- Prior to your massage, please remove contact lenses and all jewelry. Pull long hair back with a clip or band.
- In general, massage is given while you are unclothed. However, you may choose to wear undergarments or a swimsuit. You will be covered with a top sheet throughout your session. This is your massage and you should be as comfortable as possible.
- Certain types of massage (shiatsu, cranial sacral therapy, reflexology, Thai massage) require loose, comfortable clothing that allow for freedom of motion.
- Feel free to ask your therapist any questions before, during, or after the session. Your therapist is a highly trained professional and will be happy to make you feel informed and comfortable.