



Client Information

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

E-mail Address _____

Occupation _____ Referred By _____

Recreational Activities _____

Reason for Visit _____

Please list any recent or past serious injuries: _____

Please list any chronic medical conditions: _____

Please list any medications you are currently taking: _____

I understand that the massage therapy provided here is for the purposes of stress reduction 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 and/or techniques may be adjusted to my level of comfort.

I understand that the massage therapist does not diagnose illness, disease or any other physical or mental disorder. The massage therapist does not prescribe any medical treatment or pharmaceuticals, nor performs any spinal manipulations. I understand that this massage therapy is not a substitute for any medical examinations and/or diagnosis and that it is recommended that I see a physician for any physical ailment I might have.

Because a massage therapist must be aware of existing physical conditions, I have stated all my known medical conditions and will keep the massage therapist updated on my physical health.

I understand that any illicit or sexually suggestive remarks or conduct will result in an immediate termination of the session and that I will not be allowed to return.

Signature _____ Date _____