



Client Information Form-Massage Therapy

Name _____ Date of Birth _____
Address _____ City _____
State _____ Zip _____ Home Phone _____ Cell _____
Occupation _____ Employer _____ Work Phone _____
Primary Physician _____ Referred by _____
Person to call in an emergency _____ Phone _____
Primary reason for appointment _____
Areas of complaint, pain or tension _____
E-mail address _____ How did you hear about us? _____

Please Answer the Following Questions

- 1. Have you had a professional massage before?..... Yes No
 - 2. Have you ever had surgery?..... Yes No
 - 3. Do you wear contact lens?..... Yes No
 - 4. Do you wear dentures?..... Yes No
 - 5. Do you have skin problems or allergies?..... Yes No
 - 6. Do you have varicose veins or blood clots?..... Yes No
 - 7. Do you have heart problems?..... Yes No
 - 8. Do you have blood pressure problems?..... Yes No
 - 9. Do you have spinal problems?..... Yes No
 - 10. Do you exercise regularly or participate in sports?..... Yes No
 - 11. Are you pregnant?..... Yes No
 - 12. Do you have any other medical conditions I should be aware of?..... Yes No
- If so what are they? _____

Please list any medications and their purpose below

I understand that massage therapy given here is intended to reduce stress, relieve muscle tension or spasm, or increase circulation and energy flow. I understand that the Massage Therapist does not diagnose illness, disease, or any physical or mental disorder. As such the Massage Therapist does not prescribe medical treatment or pharmaceuticals, nor perform spinal manipulations. It has been made very clear to me that massage therapy is not a substitute for medical examinations and/or diagnosis, and that it is recommended that I see a physician for any physical ailment that I might have. Because a Massage Therapist must be aware of existing physical conditions, I have stated all my known medical conditions and take upon myself to keep the Massage Therapist updated on my physical health.

Signature _____ Date _____

Parent or Guardian _____ Date _____

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