MASSAGE CLIENT HEALTH INFORMATION

This following information is requested to more accurately assess and fulfill your individual massage needs.
Please be assured that all information will be kept strictly confidential.

Personal Information

Name _____ Phone (day) _____

Address _____ Phone (eve) _____

City/State/Zip _____ Birthdate _____

E-mail Address _____ Occupation _____

Referred by _____ Emergency Contact _____

Phone # _____

Massage History/Treatment Information

Have you ever received massage therapy? o Yes (Frequency: _____) o No

Why do you need a massage today? o Stress Reduction/Relaxation o Pain Relief/Muscular Soreness
o General Well-being o Part of Holistic Health Plan o Other _____

Please indicate any areas of your body you **do not** want massaged: _____

Please indicate the level of pressure you prefer: o o o o o o o
Light Medium Deep

Health History

Are you currently under the care of a medical professional? o Yes, please explain _____ o No

List any medications you are taking (including Ibuprofen/Tylenol): _____

Have you had any accidents (auto/sports related)? o Yes, please explain _____ o No

Have you had any surgeries? o Yes, please explain _____ o No

Describe the type and frequency of exercise you do: _____

Please mark each symptom/health related condition that applies:

Musculo-Skeletal/Nervous System

o Spasms/Cramps o Tendonitis o Bursitis o Broken/Fractured Bones o Arthritis
o Sprains/Strains o TMJ/Jaw Pain o Chronic Pain o Whiplash o Headaches/Migraines
o Numbness/Tingling o Seizures o Chronic Pain o Other _____

Circulatory

o Heart Condition o Diabetes o Varicose Veins o Blood Clots o High/Low Blood Pressure

Diseases

o Herpes/Shingles o HIV/Aids o Lupus o Cancer/Tumors o Addictions

Respiratory/Skin/Digestive

o Allergies (Hayfever/Sinus) o Allergies (Oils/Perfumes) o Rashes/Cuts/Burns o Other _____

o Constipation o Gastric Reflux o Ulcers o Irritable Bowel Syndrome o Other _____

Reproductive

o Pregnant o PMS o Other _____

Client Agreement

As a client, I understand that massage therapy is not a replacement for medical care and that no diagnosis will be made. I freely give my permission for the therapy received and I agree to hold _____ harmless regardless of outcome. I understand that payment is due at time of service unless prior arrangements have been made and that I will be charged half-price for any missed appointments unless 24 hours notice is given. Exceptions will be made for emergencies.

_____ _____
Client Signature Date