

CLIENT INFORMATION FORM

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
TELEPHONE (HM) _____ (WK) _____
OCCUPATION _____ EMPLOYER _____
BIRTH DATE _____ AGE _____ REFERRED BY _____
PRIMARY REASON FOR TREATMENT _____
AREAS OF COMPLAINT, PAIN OR TENSION _____

Please answer the following questions by circling the appropriate answer.

- | | | |
|----------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Have you had a professional massage before? | YES | NO |
| 2. Do you have any skin problems or allergies? | YES | NO |
| 3. Do you have arthritis or any joint disorder? | YES | NO |
| 4. Do you have varicose veins or blood clots? | YES | NO |
| 5. Do you have any heart problems? | YES | NO |
| 6. Do you have any spinal problems? | YES | NO |
| 7. Do you have headaches? | YES | NO |
| 8. Do you have problems sleeping? | YES | NO |
| 9. Is your lifestyle stressful? | YES | NO |
| 10. Have you had any significant change in your life recently? | YES | NO |
| 11. Are you presently taking any drugs or medication? | YES | NO |
| 12. Do you have any medical condition that I should be aware of before giving you a massage? If yes, please specify: _____ | YES | NO |

Massage Therapy is not a substitute for medical examination and diagnosis. It is recommended that I see a physician for any physical ailment that I might have.

I understand that the massage therapist does not diagnose illness, disease or any other physical or mental disorder. Likewise, the massage therapist does not prescribe medical treatment or pharmaceuticals, nor do they perform any spinal adjustments.

I will be doing Swedish massage with some essential oils and some lymphatic drain. I do not massage the trunk of the body unless requested by you. I do not do breast massage unless requested to do so. Draping will be done with a sheet unless other means are agreed upon. If at anytime you are not comfortable with the massage or myself, make me aware and I will stop at once.

Signature _____ Date _____

Massage Therapist _____