

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Hobbies \_\_\_\_\_

\*Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

1. Have you ever experienced a professional massage? Yes No  
If yes, how often? \_\_\_\_\_

2. What are your goals for this massage session? \_\_\_\_\_  
\_\_\_\_\_

3. Do you have any allergies? Yes No  
If yes, please explain. \_\_\_\_\_

4. Do you have sensitive skin? Yes No  
If yes, please explain. \_\_\_\_\_

5. Are there any particular areas of the body where you are experiencing  
tension, stiffness, pain, numbness, or other discomfort? Yes No  
If yes, please explain. \_\_\_\_\_

6. Are you currently taking any medications? Yes No  
If yes, please list. \_\_\_\_\_

7. Please check any condition listed below that applies to you:
- ( ) Contagious Skin Condition/Poison Ivy/Poison Oak/Open Sores
  - ( ) Recent Accident or Injury
  - ( ) Surgeries
  - ( ) Sprains/Strains
  - ( ) Current Fever or Infection
  - ( ) Heart Condition
  - ( ) High Blood Pressure
  - ( ) Circulatory Disorder
  - ( ) Digestive Disorder
  - ( ) Varicose Veins/Phlebitis/Atherosclerosis
  - ( ) Deep Vein Thrombosis/Blood Clots
  - ( ) Joint disorder/Rheumatoid Arthritis/Osteoarthritis/Tendonitis
  - ( ) Osteoporosis
  - ( ) Epilepsy
  - ( ) Headaches/Migraines/TMJ
  - ( ) Cancer
  - ( ) Diabetes
  - ( ) Fibromyalgia
  - ( ) Carpal Tunnel Syndrome/Thoracic Outlet Syndrome
  - ( ) Pregnancy Months \_\_\_\_\_

**\*Please Explain any condition that you have marked above.**

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**9. Is there anything else about your health history that you feel would be useful for your massage therapist to know in order to provide a safe and effective session for you?**

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**Draping will be used during the session.**

**Only the area being worked on will be uncovered.**

**Clients under the age of 18 must have a parent or legal guardian give informed written consent in order to receive a massage.**

I, \_\_\_\_\_ (print name) understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension and is non-sexual. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that the massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage and aromatherapy should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so. I understand that there will be a charge of \$25.00 for all returned checks. I also understand, that for any appointments canceled less than 24 hours before the scheduled appointment time, I will be charged the full amount of the session. Your email address will be used for appointment confirmations, discount offers and special promotions. Your privacy is important to us. We promise not to sell or share your information with anyone.

**Client Signature** \_\_\_\_\_ **Date** \_\_\_\_\_