

## Massage Client Information

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Referred by: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

## General and Medical Information

Y N Have you ever had a professional massage? If yes, how often? \_\_\_\_\_

Y N Are you pregnant? \_\_\_\_\_

Y N Do you wear contact lenses? \_\_\_\_\_

Y N Do you have high blood pressure? If yes, is it under control? \_\_\_\_\_

Y N Do you suffer from seizure disorders or epilepsy? \_\_\_\_\_

Y N Are you diabetic? If yes, is your diabetes under control? \_\_\_\_\_

Y N Have you broken any bones in the past two years? Which? \_\_\_\_\_

\_\_\_\_\_

Y N Do you have cardiac or circulatory problems? Please explain. \_\_\_\_\_

\_\_\_\_\_

Y N Have you ever had surgery? If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Y N Do you currently take any vitamins or herbal supplements? If so which ones? \_\_\_\_\_

\_\_\_\_\_

Y N Do you have any other medical conditions or injuries? \_\_\_\_\_

\_\_\_\_\_

Y N Do you suffer from back pain? Upper, mid, lower back? \_\_\_\_\_

## General and Medical Information (Continued)

Y N Are you currently taking any medications? What for? \_\_\_\_\_

\_\_\_\_\_

Y N Do you experience headaches? \_\_\_\_\_

\_\_\_\_\_

Y N Do you have tension or soreness in a specific area? \_\_\_\_\_

If so, where? \_\_\_\_\_

\_\_\_\_\_

What activities/movements/positions make this

Worse? \_\_\_\_\_

Better? \_\_\_\_\_

Y N Are you sensitive to touch/pressure in any area? (ticklish?) \_\_\_\_\_

Y N Are you allergic or sensitive to any oils (essential oils, nut oils, scents)?

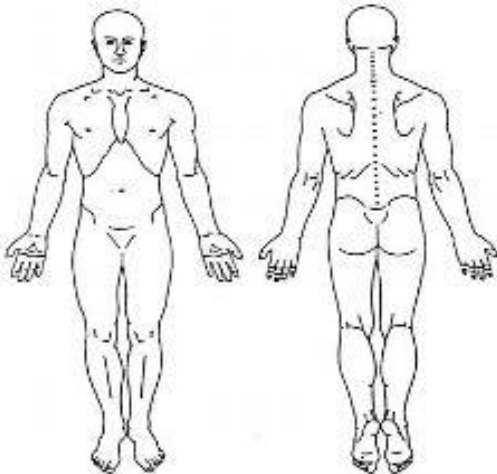
If yes, please list. \_\_\_\_\_

Please provide additional information about your health to assist your therapist in providing a beneficial and therapeutic massage (previous injuries, goals for massage, etc.).

\_\_\_\_\_

\_\_\_\_\_

Using the chart below, please indicate areas of discomfort with an X:



# Massage Client Waiver Form

Please take a moment to read and initial the following information:

I understand that massage therapy is provided for stress reduction, relaxation, relief from muscular tension, and improvement of circulation and energy flow.

\_\_\_\_\_

If I experience pain or discomfort during the session, I will immediately inform my therapist so that pressure/strokes can be adjusted to my level of comfort. I will not hold my therapist responsible for any pain or discomfort I experience during or after the session.

\_\_\_\_\_

I understand that the services offered today are not a substitute for medical care. I understand that my therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat physical or mental illness.

\_\_\_\_\_

I affirm that I have notified my therapist of all known medical conditions and injuries.

\_\_\_\_\_

I agree to inform the therapist of any changes in my health and medical condition. I understand that there shall be no liability on the therapist's part should I forget to do so.

\_\_\_\_\_

I understand that massage is entirely therapeutic and non-sexual in nature.

\_\_\_\_\_

By signing this release, I hereby waive and release my therapist from any and all liability, past, present, and future relating to massage therapy and bodywork.

\_\_\_\_\_

I have received the policy statement, and have read and agree to the policies therein.

Client Name: \_\_\_\_\_

Client signature: \_\_\_\_\_

Date: \_\_\_\_\_

Therapist signature: \_\_\_\_\_

## Information and Suggestions

- Prior to your massage, please remove contact lenses (if it is uncomfortable for you to leave them in), remove all jewelry, turn cell phone off or on quiet so that it will not disturb you during massage.
- In general, massage is given while you are unclothed. However, you may choose to wear undergarments or a swimsuit. You will be covered with a top sheet throughout your session. This is your massage and you should be as comfortable as possible.
- Feel free to ask your therapist any questions before, during, or after the session. Your therapist is a highly trained professional and will be happy to make you feel informed and comfortable.