

# Client History Form

Date \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you ever received professional massage before? No  Yes  How recently? \_\_\_\_\_

What kind of pressure do you prefer? Light Medium Firm

What are your goals/expected outcomes for receiving massage?

Any special areas of focus \_\_\_\_\_

Do you have favorite areas for extra massage (head, feet, etc.)? \_\_\_\_\_

Are there any areas you'd like me to avoid? \_\_\_\_\_

Massage may include abdominal massage. Are you ok with that? Yes  No  Let's discuss

How do you feel today? \_\_\_\_\_

List and prioritize your current symptoms/issues (stress, pain, stiffness, numbness/tingling, swelling, etc.): \_\_\_\_\_

Have you had any injuries or surgeries in the past that may influence today's treatment?

List the medications you currently take:

Are you pregnant? Yes  No  Are you wearing a hairpiece/extensions? Yes  No

Are you wearing contacts? Yes  No  Are you wearing dentures? Yes  No

Please list any medical conditions that you currently have:

## Consent for Treatment

If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage/bodywork 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 of which I am aware. I understand that massage/bodywork practitioners 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/bodywork 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 practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment. Understanding all of this, I give my consent to receive care.

Client Signature (or Parent/Guardian): \_\_\_\_\_ Date \_\_\_\_\_