

Client History Form

Date: _____

Name: _____

Date of Birth: _____ Age: _____ Gender Identity: _____

Address: _____ City/Zip _____

Mobile phone: _____ Email: _____

How did you hear about me? : _____

Emergency contact: _____ Phone: _____

What kind of pressure do you prefer? Light Medium Firm

List your current symptoms and areas of focus: _____

List any favorite areas for extra massage, not listed above (head, feet, etc.)? _____

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

Non-pregnant Women only: 90 minute treatments may include light abdominal massage. OK?

Yes No Let's discuss

Please list and injuries or surgeries that may affect your massage: _____

Please list any medical conditions/allergies that you currently have: _____

Have you had surgeries or treatment for cancer? (lymph nodes removed, chemo, radiation)

No Yes Details: _____

Are you pregnant? Yes No If yes, how far along are you? _____ Due Date: _____

Are you wearing a hairpiece/extensions? Yes No

What type of work do you do? _____

What hobbies/activities do you participate in? _____

The CDC has updated the COVID masks mandate as of 5/13/21 stating that anyone fully vaccinated no longer needs to wear a mask. Teri Cipolla is fully vaccinated but is happy to still wear a mask if that is your preference.

Please check "yes" if you would like therapist to wear a mask. Yes

Consent for Treatment

If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the massage may be adjusted to my level of comfort. I further understand that massage should not be construed as a substitute for medical treatment. 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 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. Understanding all of this, I give my consent for care.

Client/Guardian Signature: _____ Date: _____