

CLIENT HEALTH EVALUATION

Name _____ Birthdate ___ / ___ / ___ Sex: Female ___ Male ___

Address _____ City _____ State ___ Zip _____

Email _____ Phone (_____) _____ Do you text? ___

I will not abuse your contact information. It will only be used in case of emergency, appointment reminders or to check on your condition after your massage.

Occupation _____ How did you hear about me? _____

Physician _____ Phone (_____) _____

Emergency contact _____ Phone (_____) _____

Do you want updates & discount info via facebook ___ or email ___?

Have you ever had a professional massage/bodywork before? No ___ Yes ___ When? _____

What are your goals from receiving a massage/bodywork? _____

What kind of pressure do you prefer? light ___ medium ___ firm ___

Do you have any areas that are sensitive to touch? No ___ Yes ___ Where? _____

Do you suffer from/experience/have any of the below? If "yes", please be more specific and add to comments:

No	Yes		No	Yes		No	Yes	
		Pregnant			difficulties with breathing			Circulatory problems
		TMJ Dysfunction			Contagious disease			Diabetes
		Headaches			Epilepsy or seizures			Osteoporosis
		Arthritis			Broken bones in the past two years			Allergies
		Joint swelling			Varicose veins			Any surgeries? When?
		Numbness			Cardiac problems			Wearing contact lenses
		Stabbing pains			High blood pressure			Wearing dentures
		Tension/Soreness						Taking medication
		Bruise easily						Other medical conditions

Comments _____

continue on back if needed

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during the session, I will immediately inform the practitioner so that adjustments can be made to my comfort level. I also understand massage/bodywork is not a substitute for medical examination, diagnosis or treatment and I should see a physician, chiropractor or other qualified medical specialist for any 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 nothing said in the course of the session 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 thoroughly and honestly. I agree to keep the practitioner updated 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.

Note: Payment due on day of service. 24 hour notice required for cancellations to avoid charge.

Client Signature _____ Date ___ / ___ / ___

Therapist Signature _____ Date ___ / ___ / ___



Consent for treatment of minor:

Signature of parent or guardian _____ Date ___ / ___ / ___