

## Confidential Client Information Form

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

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

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

Birthday: \_\_\_\_\_

\_\_\_\_\_

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

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

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

Occupation: \_\_\_\_\_

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

**Current Symptoms:** \_\_\_\_\_

**Medications:** \_\_\_\_\_

Have you ever received Therapeutic Massage? (Circle one) YES/NO

What do you expect from this massage appointment? (Ex: relaxation, pain relief)

\_\_\_\_\_

### Check those that apply to You:

\_\_\_\_\_ Contact Lenses

\_\_\_\_\_ Skin condition (acne, rash, allergies, cancer, etc)

\_\_\_\_\_ Lymphatic condition (swollen glands, lymphoma, leg swelling)

\_\_\_\_\_ Recent injury (Whiplash, sprain, deep bruise)

\_\_\_\_\_ Circulatory condition (heart disease, varicose veins, arrhythmias)

\_\_\_\_\_ Neurological condition (sciatica, numbness/tingling/ stroke, epilepsy, etc)

\_\_\_\_\_ Joint problems (pain, stiffness, arthritis, gout, hypermobility, replacement)

\_\_\_\_\_ Bone conditions (fracture, sprain, osteoporosis, cancer, etc)

\_\_\_\_\_ Headaches (migraines, PMS, tension, cluster, etc)

\_\_\_\_\_ Emotional difficulty (depression, anxiety, etc)

\_\_\_\_\_ Stress

\_\_\_\_\_ Previous Surgery

\_\_\_\_\_ Irregular sleep (insomnia, shift work)

\_\_\_\_\_ Pregnant: If yes, how far along? \_\_\_\_\_

I understand that the practitioner does not diagnose illness, disease or other physical/mental disorders and nothing communicated in a session shall be construed as such. I understand that bodywork treatments are not a substitute for medical care, and that it is my responsibility to let the practitioner know of any medical conditions I may have. I hereby release the practitioner of any responsibility for injury resulting from any medical condition.

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

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

Please kindly respect the 24 hour notice for all cancellations. Failure to comply may result in a being charged for the missed session. Thank you.