

## Client Information

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

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

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

Birthdate: \_\_\_\_\_ Employer/Occupation: \_\_\_\_\_

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

Referred by (How did you hear about me?): \_\_\_\_\_

Have you ever received professional massage? Yes/No

What brings you here for treatment today? \_\_\_\_\_

Should you have special needs please let me know and I will do my best to accommodate you.

### CANCELLATION POLICY

**Please give 24 hours notice if you need to cancel or reschedule your appointment.**

If you are late for your appointment you will receive treatment for the balance of time reserved for you. Should you be unable to keep your appointment, please phone me at 253.370.5533 (even if that means calling at your scheduled appointment time) so that someone else may have the session.

**If you do not make an effort to let me know that you will not be coming you will be billed the normal fee for the session**, as I must hold the slot open for you until you either come in or phone. Insurance does not cover no-show fees; these charges will be your responsibility. (initial) \_\_\_\_\_

**If you are ill please cancel by calling** 253.370.5533, as receiving bodywork while your body is trying to fight off something will only make you feel worse.

**Medical History** (include date and treatment received)

Surgeries: \_\_\_\_\_

\_\_\_\_\_

Accidents/Injuries: \_\_\_\_\_

\_\_\_\_\_

List current medications including aspirin, ibuprofen, etc. It is **not** necessary to list supplements.

\_\_\_\_\_

**SKIN**

- allergies
- rashes
- athlete's foot
- warts
- other

**DIGESTIVE**

- constipation
- gas/bloating
- diverticulitis
- irritable bowel syndrome
- other

**NERVOUS SYSTEM**

- herpes/shingles
- numbness/tingling
- chronic pain
- fatigue
- sleep disorders
- lupus
- other

**REPRODUCTIVE**

- pregnant
- menstruating
- other

**CIRCULATORY**

- heart condition
- varicose veins
- blood clots
- high blood pressure
- low blood pressure
- lymphedema
- asthma/breathing difficulty
- sinus problems
- allergies
- other

**OTHER**

- cancer/tumors
- diabetes
- eating disorders
- depression
- substance abuse

**MUSCULO-SKELETAL**

- bone or joint disease
- osteoporosis
- bursitis
- fractures
- arthritis
- jaw pain/TMJ dysfunction
- neck, shoulder, arm pain
- mid back pain
- low back/hip/leg pain
- headaches/head injuries
- spasms/cramps/strains
- tendinitis
- fibromyalgia
- other

**INFECTIOUS DISEASE**

disease name(s): \_\_\_\_\_

I wear dentures

I wear contact lenses

I understand that massage practitioners do not diagnose illness, disease or any physical or mental disorder, nor do they prescribe medical treatment, pharmaceuticals, or perform spinal thrust manipulation. I acknowledge that massage is not a substitute for medical examination or diagnosis, and that it is recommended that I see a primary health care provider for that service.

I have stated all medical conditions that I am aware of and will notify the massage practitioner of any changes in my health status.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Parent or guardian signature if under 18)