



CLIENT INFORMATION

Name: _____ Today's Date: _____

Phone #: _____ Email: _____ Date of Birth: _____

How would you like to receive appointment notifications and reminders? Email | Text | Both Cell provider: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Occupation: _____

How did you hear about us? Referral: _____ Online Source _____

In case of emergency: _____ Relationship _____ Phone # _____

Have you ever experienced a professional massage session? Yes | No How recently? _____

What are your massage or bodywork goals? _____

What kind of pressure do you prefer? Light | Medium | Firm

The following are important health considerations your therapist needs to be aware of. If you answer yes to any of these questions, please explain as clearly as possible.

Yes No Do you frequently suffer from stress?

Yes No Do you have diabetes?

Yes No Do you experience frequent headaches?

Yes No Are you pregnant?

Yes No Do you suffer from arthritis? Where? _____

Yes No Are you wearing dentures?

Yes No Do you have high blood pressure?

Yes No Are you taking high blood pressure medication?

Yes No Do you suffer from epilepsy or seizures?

Yes No Do you suffer from joint swelling?

Yes No Do you have varicose veins?

Yes No Do you have any contagious diseases?

Yes No Do you have osteoporosis?

Yes No Do you have any allergies? _____

Yes No Do you bruise easily?

Yes No Any broken bones in the past two years?

Yes No Any injuries in the past two years?

Yes No Do you have cardiac or circulatory problems?

Yes No Do you have numbness or stabbing pains?

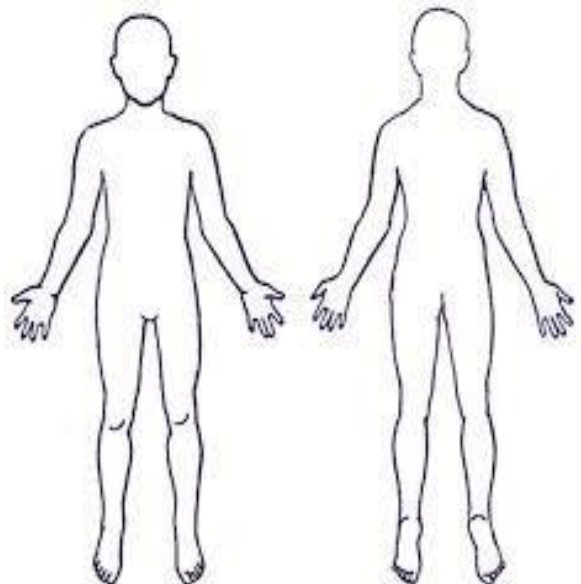
Yes No Have you ever had surgery? Explain:

Yes No Do you have any tension or soreness in a specific area? Please specify: _____

Yes No Are you sensitive to touch or pressure in any area?

Yes No Are you on any other medications I need to know about? (Pain relievers, muscle relaxants, etc.) Explain:

Mark where you are feeling pain today:



Front

Back

Please read and initial the following agreements:

I agree that I am receiving massage/bodywork for the purpose of relaxation and to treat pain caused by muscular tension. I understand that if I experience discomfort during the massage, it is my responsibility to immediately communicate this to my therapist so that the pressure and/or techniques may be adjusted to my level of comfort.

Initial: _____

I agree and understand that massage should not be construed as a substitute for medical examination or diagnosis, and that my therapist is not qualified to perform spinal or skeletal adjustments or to diagnose, prescribe, or treat illness, and that nothing said in the course of the session should be construed as such.

Initial: _____

Because massage/bodywork should not be performed under certain medical conditions, I agree and affirm that I have stated all my known medical conditions and answered questions honestly. I will inform my therapist as to any changes in my medical profile and understand that there shall be no liability on my therapist's part should I fail to do so.

Initial: _____

If my therapist and I have agreed to use hydrotherapy or heat in any session, I understand it is my responsibility to communicate if the heat is uncomfortable. Additionally, I will inform my therapist if I have been in any recent accidents, currently have a condition in "flare-up," or if I have any other condition where heat or cold therapy is contra-indicated.

Initial: _____

I also understand that Body Conscious Massage Therapy does not tolerate any illicit or sexually suggestive remarks or advances, and anything of that nature will result in immediate termination of the session. I take full responsibility for my actions, I understand I will be liable for payment of the scheduled appointment and will not be allowed to return.

Initial: _____

I agree that I understand Body Conscious Massage Therapy's Rescheduling & Cancellation Policy is as follows: If I need to reschedule less than 24 hours prior to my next scheduled massage, a \$30 fee will be charged to my credit card on file. If I cancel less than two (2) hours prior to my appointment, or if I do not show up to my appointment, I agree that I am responsible for the full price of the treatment.

Additionally, I understand that if I am late for any reason, my massage may have to be cut short, depending on how late I arrive and my therapist's schedule. I also understand that I will be responsible for paying the full price of my scheduled massage.

Initial: _____

Client signature: _____ Date: _____

Parent/Guardian Signature (if client is under 18): _____ Date: _____