

Confidential Client Information Form

Your Personal Information- PLEASE PRINT CLEARLY

General Information				
Name: (Last)	(First, MI)			
Street Address: City, State and Zip	Phone Numbers: (to confirm appointments) Can we text you Home: □ YES Cell: □ NO			
Email Address: (please print clearly – we ask for it so we can email you receipts and a \$5.00 off birthday coupon during your birthday month)	Work: Date of Birth: (MM/DD/YEAR)			
What is your occupation?	Please describe your work: (so we'll know how it affects daily stress to your body)			
Emergency Contact Information Name:	How did you hear about us? (if referred by another client, please let us know who we can thank for the referral.)			
Relationship: Phone number:				

Concerning your visit here today	General Health Questions	
Is this your first massage? □ YES □ NO	Do you currently have cold/flu symptoms?	
If not, when was your last one?	 Are you currently under a health practitioner's care for a specific illness or injury? □ YES □ NO Has physical, occupational, or massage therapy been administered for any condition? □ YES □ NO 	
How often do you receive massages?		
Any special attention areas? (i.e. restricted movement,		
general soreness areas):	Any accidents or injuries that have gone untreated?	
Results you would like you achieve today or over time:	Do you have body piercings? □ YES □ NO If yes, where are they located and how old are they?	

General Health Questions Cont please indicate any conditions you had or currently have					
0	Any cuts, bruises, or open wounds	0	Easily bruise		
0	Any rashes or skin conditions	0	Dislocations	Is there anything else we should know about?	
0	Shingles	0	Broken/fractured bones		
0	Any allergies	0	Osteoporosis		
0	High blood pressure	0	Current sprains or strains		
0	Low blood pressure	0	Arthritis		
0	Taking blood pressure meds	0	Bursitis		
0	Heart condition	0	Any numbness/tingling		
0	Circulatory condition	0	Recent surgeries		
0	Phlebitis	0	Asthma		
0	Blood clots	0	Cancer		
0	Taking blood thinners	0	<i>Women:</i> pregnant or trying Due date:	Please Complete Side 2 \rightarrow \rightarrow \rightarrow	



It is understood that:

- * Massage therapy is an integral step to improved physical and mental health and in no way is meant to take the place of a physician's care.
- * Information provided during a massage session is educational and intended to assist you in becoming more aware of your personal health status. Please use this information at your own discretion.
- * Any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session and I will assume full financial responsibility for the entire appointment time scheduled.
- * Because massage therapy may be inadvisable under certain medical conditions, I affirm that I have stated all known medical conditions, answered all questions honestly, and I agree to inform the practitioner as to any changes in my medical profile. I understand that if I am dishonest about my medical history, therefore putting my health at risk, I assume full responsibility and relinquish the massage therapist and the business of any and all liability.
- * If this is my first client/patient massage therapy appointment, procedures will be thoroughly explained to me regarding: length of massage, what to expect during draping, what my role is, the massage session in general, and any questions during or after the session.
- * I have been informed that drinking of alcoholic beverages after a massage may heighten the effects and is therefore not recommended.
- * I understand that the confidentiality of information is assured and will only be released upon my authorization.
- * Payment is due when services are rendered unless previous arrangements have been made.

This is how our massage therapists make their living, so kindly provide at least 24 hours' notice before your scheduled appointment to make a change or cancel. Failure to show without notice or call within said time will result in a 50% fee. Thank You!

I have read and agree to the above policies, procedures, and fees:

Signature: _____

Today's Date: _____