



Please Print Legibly

Name _____ Date of Birth _____

Address _____ City/State/Zip _____

Phone # _____ Email _____

Occupation _____ Referred By _____

In Case Of An Emergency Please Contact/Phone # _____

Medical Information:

List Of Current Medications:

List of Surgeries:

Check all that apply:

- | | | |
|---|---|---|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> Pain/Numbness/Tingling |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Insomnia | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Pregnant | |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Traumas/Injury/Whiplash | |
| <input type="checkbox"/> High/ Low Blood Pressure | <input type="checkbox"/> TMJ | |
| <input type="checkbox"/> Varicose Veins | <input type="checkbox"/> Arthritis | |
| <input type="checkbox"/> Scoliosis | <input type="checkbox"/> Fibromyalgia | |
| <input type="checkbox"/> Blood Clots | <input type="checkbox"/> Skin Conditions(Rash, Bruises,Warts,Other) | |

Desired Pressure:

Light Medium Deep

Please check the areas of your body that you give permission to receive massage:

Glutes Abdomen Pecs Feet Face Scalp

Please read the following and sign below:

- I understand that the massage therapist does Not Diagnose, or Prescribe Medical Treatment.
- I acknowledge that the medical information that I provided on this form is correct to the best of my knowledge. I understand that it is my responsibility to inform the massage therapist of any changes to my medical history.
- I understand that this is a professional massage and any sexual remarks or advances will terminate the session , and I will be liable for payment of the scheduled appointment.
- I understand that it is my responsibility to inform the massage therapist if any pain or discomfort during the session.
- I also understand that the massage therapist reserves the right to refuse or terminate the session to anyone whom she considers to have a condition for which massage is contraindicated .

I am aware of the benefits and risks of massage and give my consent for the massage session.

Signature_____Date_____