

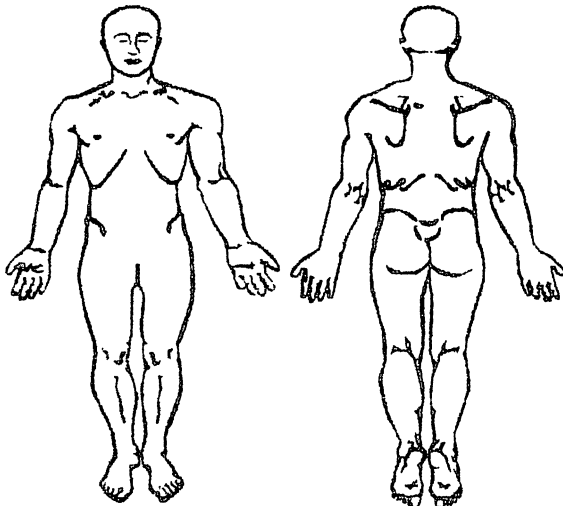
Massage Therapy Client Information Form

Personal Information

Name: _____ D.O.B.: _____
Address: _____ City: _____
State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Occupation: _____ E-mail address: _____
Emergency contact: _____ Relationship: _____
Home Phone: _____ Work Phone: _____
Other activities, Hobbies, etc.: _____
Refer a Friend: _____

Massage Information

How did you hear about *Us*? _____
Have you ever had a massage? _____ (If so, answer the following)
When was the last massage that you received? _____
What did you like about your massage? _____
What didn't you like about your massage? _____
Is there a particular area of the body where you are experiencing tension, stiffness, pain or other discomfort? Yes No
If yes, please identify



Medical Information

Are there any medical conditions you want to make me aware of? _____

Are you currently under any prescription or non-prescription medications?; _____

If so, what and for what purpose?: _____

Have you had any surgeries in the past 5 years?: _____

If yes, please list the type of surgery and date: _____

Is there anything medically not on the form that will affect the massage that the therapist may need to know?; _____

I have completed this information form to the best of my knowledge. I understand the massage services are designed to be a health aid and are in no way to take the place of a doctor's care when it is indicated. Information exchanged during any massage session is educational in nature and is intended to help me become more familiar and conscious of my own health status and is to be used at my own discretion.

Our time together is precious, and I agree to cancel 24 hours in advance. Unless there is an emergency, if I miss an appointment, I agree to pay the full appointment fee.

Date: _____ Signature: _____