

Massage Client History

Please Print:

DATE _____

CLIENT NAME _____ REFERRED BY _____

MAILING ADDRESS _____ CITY _____ ZIP _____

STREET ADDRESS _____

HOME PHONE () _____ WORK PHONE () _____ EXT _____

CELL PHONE () _____ E-MAIL _____

SSN _____ BIRTHDATE _____ SEX _____

MARITAL STATUS _____ CHILDREN _____

OCCUPATION/EMPLOYER OR STUDENT/SCHOOL _____

BUSINESS ADDRESS _____

NAME OF YOUR MEDICAL DOCTOR _____

Physical/Emotional/Mental challenges you would like to address:

History of accidents, injuries, operations (please give the year each occurred):

Are you taking any medications or drugs? Please list them below:

Please circle Yes or No to the following questions:

Do you frequently suffer from stress? Y/N

Do you have Diabetes? Y/N

Do you experience frequent headaches? Y/N

Are you pregnant? Y/N

Do you have arthritis? Y/N

Do you wear contacts? Y/N

Do you have high blood pressure? Y/N

Do you have varicose veins? Y/N

Do you have epilepsy or seizures? Y/N

Do you have Osteoporosis? Y/N

Do you have any contagious diseases? Y/N

Do you have any allergies? Y/N

Do you have cardiac or circulatory issues? Y/N

Do you bruise easily? Y/N

Do you have chronic back pain? Y/N

Do you have numbness? Y/N

Do you have any other medical conditions? Y/N

Are you under Chiropractic care? _____

Have you had a previous massage? _____

What are your hobbies?

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during the session, I will immediately inform the practitioner so that the pressure and or stroke may be adjusted to my level of comfort. I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I am responsible to see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment that I am aware of. I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the massage therapist updated as to any changes in my medical profile and understand that they are not to be held liable should I fail to do so.

Client Signature _____ Date _____