

Massage Client Information

Name _____ Telephone _____ DOB _____
Address _____ City _____ Zip _____
Email _____ Phone (Alt) _____
Occupation _____ Any lifting involved? **Yes No**
In case of emergency _____ Telephone _____
How did you hear about our office: _____

Type of Massage: Swedish Deep Tissue Sports (pre/post race) Pregnancy Hot Stone Other _____

Medical Information:

Do you have health insurance? **Yes No** Name of Insurance _____

Have you ever had massage or chiropractic care before? **Yes No** Did it help? **Yes No**

Are you presently being seen by a doctor? **Yes No** Which doctor? _____

If you answer "yes" to any of the following questions, please explain as clearly as possible.

Yes No do you experience frequent headaches?
Yes No are you pregnant?
Yes No Do you have high blood pressure?
Yes No If "yes" to previous question, are you taking medications for this?
Yes No Do you suffer from epilepsy or seizures?
Yes No Do you have any contagious disease?
Yes No Do you have varicose veins?
Yes No Do you have any allergies?
Yes No Do you bruise easily?
Yes No Do you have tension or soreness in a specific area?
Please specify: _____
Yes No Have you been in an accident or suffered any injuries in the past two years?
Yes No Do you have numbness or stabbing pains anywhere?
Where: _____
Yes No are you very sensitive to touch or pressure in any area?
Yes No Have you been involved in a motor vehicle accident within 1 year?
Yes No Have you been involved or are you treating for a work injury?
Yes No Have you been involved in any slip and/or fall or personal injury claim within 1 year?
Yes No Are you interested joining The Performance Club (Lower Cost)?



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 this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

Client Signature _____ Date _____

Consent to Treatment of Minor: By my signature below, I hereby authorize _____ to administer massage, bodywork or somatic therapy techniques to my child or dependent as they deem necessary.

Signature of Parent or Guardian _____ Date _____