



CONFIDENTIAL CLIENT INFORMATION AND HEALTH HISTORY DATE: _____

Full Name: _____ Date of Birth: _____
Address: _____ Age: _____
City: _____ State: _____ Zip: _____
Phone (h): _____ (w): _____ (C) _____
Email: _____ Best way to contact you: _____
Employer: _____ Occupation: _____
Emergency Contact: _____ Phone: _____
Relationship: _____ Referred by: _____
Marital Status: _____ Kids: _____ Other: _____

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Is this your first professional massage? _____ If no, how often? _____
What do you hope to accomplish from today's massage? _____

Are you aware of any spots in your body where you hold tension? _____ If yes, location(s) _____

Hobbies and activities: _____

Exercise? _____ If yes, what and how often? _____

How much water do you drink daily? _____ Caffeine? _____

Do you drink alcohol? _____ How often? _____ Smoke? _____

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Describe any surgeries, hospitalizations, accidents or injuries you have had and the year:

Please list any medication (vitamins, herbs or pharmaceutical) your are currently taking and include an explanation/reason:

Are you currently under the care of a physician? _____ Whom? _____

Please list reason(s):

Are you pregnant or trying? _____ Allergies? _____

Are there any other health concerns you wish to discuss today? _____ If yes, please describe:

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Are you currently experiencing any of the following conditions? (Yes/No)

____ Flu or Cold ____ Inflammation ____ Fever ____ Infection ____ Contagious Disease

Please explain: (Rashes or other skin conditions/Herpes/HIV) _____



The following sometimes occurs during massage. They are normal responses to relaxation. Trust your body to express what it needs to: need to move or change position; sighing, yawning, change in breathing; stomach gurgling; emotional feelings and/or expression; movement of intestinal gas; energy shifts; falling asleep; memories.

Please read the following information and sign below:

1. I understand that although massage therapy can be very therapeutic, relaxing and reduce muscular tension, it is not a substitute for medical examination, diagnosis and treatment.
2. This is a therapeutic massage and any sexual remarks or advances will terminate the session and I will be liable for payment of the scheduled treatment.
3. Being that massage should not be done under certain medical conditions, I affirm that I have answered all questions pertaining to medical conditions truthfully.
4. I also understand that cancelled or missed appointments without 24 hours notice (medical emergencies excluded) will be charged in full for the price of the missed session.

Signature: _____

Date: _____