

CONFIDENTIAL CLIENT INFORMATION AND HEALTH HISTORY



First Name: _____ M.I. _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Birth Date: _____ Email Address: _____

Employer: _____ Occupation: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Please Check if you have had any of the following:

- Arthritis, tendonitis
- Cancer, Tumors
- TMJ Problems
- Varicose Veins
- Pregnancy
- Blood Clots
- Epilepsy
- Diabetes
- Paralysis
- Fibromyalgia
- Numbness
- Sprains, Strains
- Other: _____
- Headaches/Migraines
- Allergies/Sensitivities
- Skin Conditions
- Neck/Back Injuries
- Heart Problems
- Joint Problems
- Circulation Problems
- Low Blood Pressure
- High Blood Pressure
- Major Accident
- Recent Injuries
- Major Accident

Is this your first Professional Massage? Yes No

If no how often do you receive massage? _____

Please list any current medications:

Do you have any ongoing or chronic pain? Explain:

Explain any condition that you have marked above:

Is there anything you would like to discuss today?

I understand the benefits and risks of massage and give my consent for massage. It is also understood that the massage practitioner has the right to refuse service to anyone. I will consult my practitioner with any questions or concerns immediately. I have stated all medical conditions that I am aware of and will keep my practitioner informed of any changes. I understand that the purpose of this massage is to reduce stress and increase relaxation. 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 and bodywork should not be construed as a substitute of 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.

Sign: _____

Date: _____



Policies & Procedures

- Draping is required.
- First time clients will fill out a health history form.
- The appointment time starts at the time the appointment was scheduled regardless of what time the client arrives. For example, if you are ten minutes late for a one-hour appointment you now will only receive a fifty minute massage. This is to ensure I am not late for the next client. If I have time, I will allow you to get the entire hour but do not bet on this to happen, so arrive on time or up to 10 mins early.
- Please allow at least twenty-four-hour notice when canceling. This will allow me time to fit someone else in your time spot. I understand sometimes emergencies happen, but if it becomes a constant problem, I will start charging for half the session at the next appointment. No call, no shows will be charged half the session at the next appointment time.
- Client will let therapist know if the pressure is too much or too little.
- Client will let the therapist know if anything the therapist does makes them feel uncomfortable.
- Client will inform the therapist if there are any changes in their health since the last session.
- Anytime used during the session to answer phone calls or use the bathroom is time lost. Please make use of your session by turning your phone off and using the restroom beforehand.

By signing below you agree to the above policies and procedures.

Client signature: _____

Date: _____