

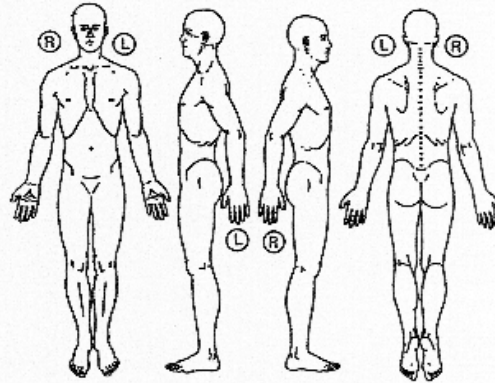
CLIENT HISTORY

Name _____ Date _____
 Address _____ Phone _____
 E-Mail Address _____ Age _____
 Emergency Contact _____

Please check all conditions you have experienced within the last two years, and mark an "X" next to current conditions.

- | | |
|--|---|
| <input type="checkbox"/> Spinal disorders | <input type="checkbox"/> Heart conditions |
| <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> High / Low BP |
| <input type="checkbox"/> Bone fractures | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Varicose veins |
| <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Blood clots |
| <input type="checkbox"/> Accidents | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Injuries | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Swelling | <input type="checkbox"/> Lung conditions |
| <input type="checkbox"/> Pain | <input type="checkbox"/> Digestive problems |
| <input type="checkbox"/> Numbness/Tingling | <input type="checkbox"/> Nervous disorders |
| <input type="checkbox"/> Muscle tension | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Sinus problems | <input type="checkbox"/> Skin rashes |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Chronic stress | <input type="checkbox"/> Inactive |

Shade in tense or painful areas below.



Rate pain (5 extreme → 1 mild)

Other conditions _____
 or information _____

Are you currently under the care of an MD, DO or DC? If so, for what condition? _____

Have you taken medication today? If so, what and for what condition? _____

Reason for your massage session today? _____

Please do not perform massage on _____

INFORMED CONSENT: *The information I have provided to assess for risks and a treatment plan, are true to the best of my knowledge. I agree to inform my massage therapist of any health changes. I understand that massage therapy is provided for treatment of soft tissues, circulation improvement and for relaxation, and that massage therapists do not diagnose or do spinal manipulations. It is my right to refuse any treatment before or during the massage therapy session. I will be draped for the comfort of warmth and modesty according to the clinic's policies. I will tell my therapist if I am uncomfortable in any way. I understand that any sexual comments, jokes or advances will be reason to terminate the session with full payment due.*

My session will last for _____ minutes & will cost _____. I give consent for my massage therapy.

Signature _____