

Client Information

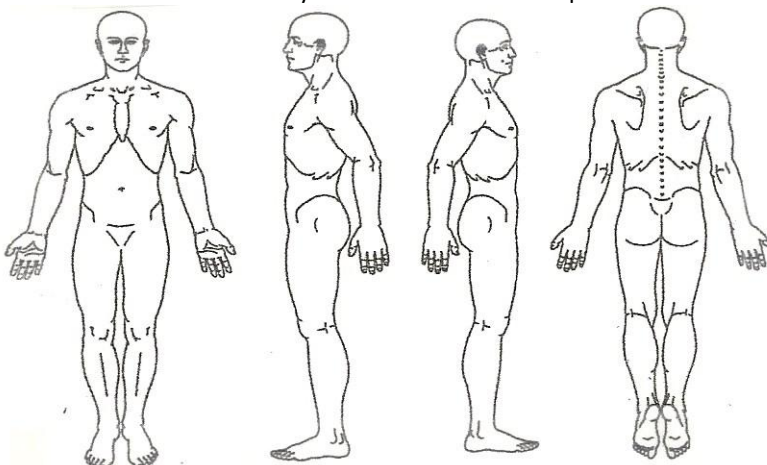
Name _____ Birthdate _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____
 Email Address _____ Occupation/Employer _____
 Whom may I thank for referring you? _____
 Emergency Contact: Name _____ Phone _____

1. Primary Reason for appointment: _____

- | | Yes | No | <u>Please Explain</u> |
|--|-------|-------|-----------------------|
| 2. Have you ever had a professional massage? | _____ | _____ | _____ |
| 3. Have you had any prior surgeries? | _____ | _____ | _____ |
| 4. Are you taking any medications (OTC's & vitamins)? | _____ | _____ | _____ |
| 5. Are you experiencing any skin problems? | _____ | _____ | _____ |
| 6. Do you have any contagious diseases? | _____ | _____ | _____ |
| 7. Do you have varicose veins or blood clots? | _____ | _____ | _____ |
| 8. Do you have blood pressure or heart related problems? | _____ | _____ | _____ |
| 9. Do you have arthritis? | _____ | _____ | _____ |
| 10. Are you pregnant? | _____ | _____ | _____ |
| 11. Have you suffered any acute injury lately? | _____ | _____ | _____ |
| 12. Do you use alcohol, tobacco or drugs? | _____ | _____ | _____ |
| 13. Do you play any sports or exercise? | _____ | _____ | _____ |
| 14. Do you have any nut allergies? | _____ | _____ | _____ |

15. Please briefly describe any troublesome areas you have, what results you would like to receive from your massage session and anything else you would like to share with your therapist today.

Please circle any areas that are tense or painful.



Please take a moment and carefully read the following information and sign where indicated.

If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated (should not be done). A referral from your primary care provider may be required prior to services being provided. 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 therapist so that the pressure and/or strokes 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 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 therapists/bodyworkers 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(s) given should be construed as such. Because massage/bodywork is contraindicated 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 therapist updated as to any changes in my medical profile, and understand that there shall be no liability on the therapist's part should I forget to do so. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session.

Client Signature _____ Date _____

Therapist Signature _____ Date _____

Consent to Treatment of Minor: By my signature below, I hereby authorize Evergreen Center for Therapeutic Massage, and their representatives, to administer massage/bodywork to my child or dependent, as they deem necessary.

Parent or Guardian _____ Date _____