

MASSAGE SOLUTIONS

Client Information

Name: _____ Date _____

Street _____ Day Phone _____

City _____ State _____ Zip _____ Eve. Phone _____

Occupation _____ Date of Birth _____

Emergency Contact Name & Phone _____

Email _____ Referred By _____

Massage History / Session Information

Have you ever received a professional massage? Yes No Date of last message _____

What result do you want from your massage sessions? _____

List any exercises, including frequency: _____

Are you currently under the care of a health care practitioner? Yes No

If yes, specify purpose: _____

List current medications and purpose: _____

Previous History

Surgeries, injuries, accidents, illnesses still affecting you: _____

Please mark any of the following that you now have or have had.

Musculoskeletal

- Bone or Joint Disease
- Tendonitis/Bursitis
- Arthritis / Gout
- Jaw Pain (TMJ)
- Lupus
- Spinal Problems
- Other: _____

Respiratory

- Breathing difficulty / Asthma
- Emphysema
- Allergies Specify: _____
- Sinus Problems
- Other _____

Circulatory

- Heart Condition
- Phlebitis / Varicose Veins
- Blood Clots
- High / Low Blood Pressure
- Lymphedema
- Thrombosis / Embolism
- Other _____

Skin

- Allergies – specify: _____
- Rashes
- Athletes Foot
- Herpes / Cold Sores
- Other _____

Nervous System

- Shingles
- Numbness / Tingling
- Pinched Nerve
- Other _____

Digestive

- Irritable Bowel Syndrome
- Ulcers
- Other _____

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Please mark any of the following that you now have or have had.

Please mark problem areas

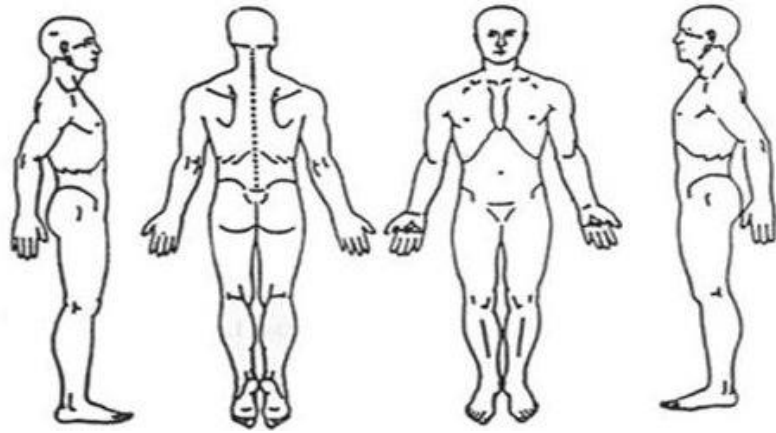
Reproductive:

Are you currently pregnant? Yes No

If so, how far along are you? _____

Other

- Cancer / Tumors
- Bladder / Kidney ailment
- Diabetes
- Drug / alcohol / caffeine / tobacco use
- Chronic fatigue
- Chronic pain
- Sleep disorders
- Migraines / Headaches
- Anxiety / Stress syndrome
- Depression



I have completed this form to the best of my knowledge and will inform the massage therapist of any change in my physical health.

I understand that massage therapy is a therapeutic health aide, and a massage therapist cannot diagnose disease or any other medical, physical, or emotional disorder.

I understand that if the massage therapist starts a session late, the therapist will make it up to me at the end of my session if possible, or will reduce my fee accordingly. I understand that if I arrive late, my session will end at the originally scheduled time so the client following me is not penalized.

I agree to give 24-hour notice for a scheduled session that I cannot keep. I am aware that I will be charged the full fee for any missed sessions or for sessions that I do not give 24-hour notice to cancel or reschedule.

Signed _____ Date _____