



Client Health History & Policies Form

Name: _____ Phone: _____
 Address: _____
 Email: _____ Date of Birth: _____
 Emergency Contact Name & Phone: _____

Referred by: _____ May I thank them for referring you? Yes No

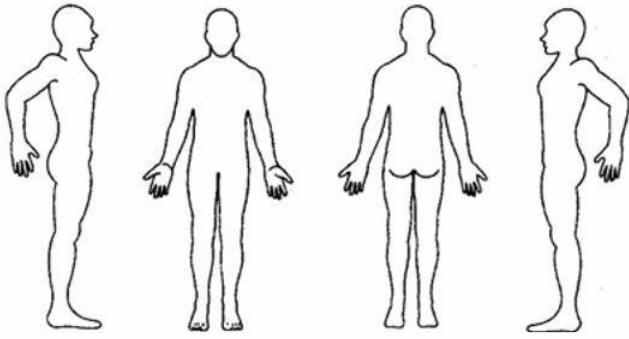
The following information will be used to help plan safe and effective massage sessions. Please answer the questions to the best of your knowledge.

1. Have you had a professional massage before? Yes No If yes, how often? _____
2. Do you have any difficulty lying on your front, back, or side? Yes No
If yes, please explain _____
3. Do you have any allergies or skin sensitivities? Yes No
If yes, please explain _____
4. Please list any medications: _____

5. Please circle any condition that currently applies to you:

- DVT/blood clots/Phlebitis Artificial joint/pins/plates/screws/IUD Implants (anywhere) Varicose veins
 Numbness/tingling/neuropathy Disc Degeneration/Bulging discs etc.- What stage _____
 Airplane flight over 6 hours long in the past 24 hours Spinal stenosis/spondylitis/spondylosis/etc.
 Osteopenia/Osteoporosis Implants Diabetes Autoimmune Disorder _____
 Surgery in past 12 months Surgery over 12 months ago Foot/toenail fungus Cancer survivor or current
 Recent injury Pregnant Headaches/Migraines Any other medical or skin conditions: _____

6. Is there a particular area of the body where you are experiencing tension, stiffness, pain or discomfort?
 Yes No If yes, please identify:



7. What is your main goal for the session today? _____

-Please continue on backside-

Draping will be used during the session – only the area being worked on will be uncovered.

Consent for Massage Therapy

If I experience any pain or discomfort during the session, I will immediately inform the therapist so that the pressure/style of massage may be adjusted to my level of comfort. I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician or other qualified medical specialist for any mental or physical ailment of which I am aware.

I understand that massage therapists are not qualified to perform spinal adjustments, diagnose, prescribe or treat any physical or mental illness, and nothing said in the course of the session given should be construed as such.

Because massage therapy should not be performed 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 in writing and understand that there shall be no liability on the therapist's part should I fail to do so.

Signature of client: _____ Date: _____

Cancellation/Late Arrival/No Show Policy

Your massage time has been reserved specifically for you. Should you need to reschedule or cancel your appointment, 24 hours notice is required to avoid a charge of ½ the scheduled appointment fee. No fee is charged in the event of illness or weather conditions that cause the local schools to be closed. A client 'No Show' without prior notification results in a charge of the full session price. If you find you are running late, but are coming, please contact me. A late arrival may result in decreased session time, full session price is still expected. Thank you!

Signature of client: _____ Date: _____

Consent for Minors to Receive Massage Therapy:

I declare that I am the legal guardian of the minor named below, and consent to treatment on their behalf. I agree to stay with the minor during the massage:

Minor's Name: _____

Guardian's Signature: _____ Date: _____