

Client Information Form

Name: _____ Sex: _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Any specific daily activities?: _____

Occupation: _____

Employer: _____

Employer Address: _____

Primary Care Giver: _____

Provider's Address: _____

Provider's Phone Number: _____ Extension: _____

Permission to Consult with Care Provider?: Yes No

Chiropractor: _____

In Case of Emergency, Please Notify: _____

Phone Number: _____ Relationship: _____

Primary Reason for Visit: _____

Please Circle Yes or No

Have you had a professional massage before? Yes No

Are you on any medications (including aspirin)? Yes No

Are you currently seeing a doctor at this time? Yes No

Have you suffered any recent injuries? Yes No

Have you had surgery within the last 2 years? Yes No

Are you pregnant? Yes No

Do you exercise regularly or participate in sports? Yes No

Do you have swelling, fever, infection, or numbness? Yes No

Do you have skin rashes or other skin problems? Yes No

Are you sensitive to any perfumes, lotions, or oils? Yes No

Do you wear contacts? Yes No

Do you wear dentures? Yes No

Please explain any yes answers from above: _____

Please check all the following conditions that apply to you, past and present. Circle any you are currently experiencing. Underline any you have had as a past problem.

Musculo-Skeletal

- Headaches
- Joint stiffness/swelling
- Spasms/cramps
- Broken/fractures bones
- Strains/sprains
- Back/ hip pain
- Shoulder, neck, arm, hand pain
- Whiplash
- Postural deviations
- Herniated/bulging disc
- Leg, foot pain
- Chest, ribs, abdominal pain
- Problems Walking
- Jaw pain/TMJ
- Tendonitis
- Bursitis
- Arthritis
- Osteoporosis
- Scoliosis
- Bone/joint disease
- Other: _____

Skin

- Rashes
- Allergies
- Athlete's foot
- Warts
- Moles
- Acne
- Cosmetic surgery
- Other: _____

Circulatory & Respiratory

- Dizziness
- Shortness of breath
- Fainting
- Cold feet or hands
- Cold sweats
- Swollen ankles
- Pressure sores
- Varicose Veins
- Blood clots
- Stroke
- Heart condition
- Allergies
- Sinus Problems
- Asthma
- High blood pressure
- Low blood pressure
- Lymphedema
- Other: _____

Nervous System

- Numbness/tingling
- Twitching of face
- Fatigue
- Chronic pain
- Ulcers
- Paralysis
- Herpes/shingles
- Cerebral palsy
- Epilepsy
- Chronic fatigue syndrome
- Multiple sclerosis
- Muscular dystrophy
- Parkinson's disease
- Spinal cord injury
- Sciatica
- Other: _____

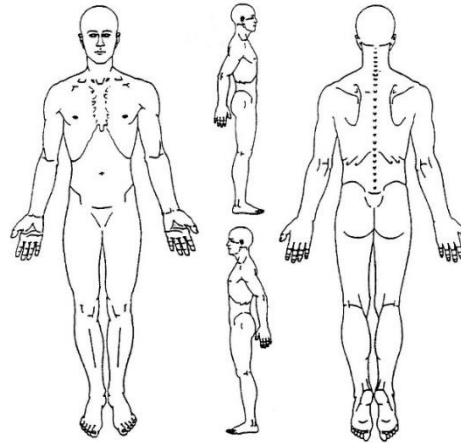
Digestive

- Diverticulitis
- Crohn's Disease
- Colitis
- Adaptive aids
- Other: _____

Other

- Forgetfulness
- Confusion
- Depression
- Drug use: _____
- Alcohol use: _____
- Nicotine use: _____
- Caffeine use: _____
- Hearing impaired
- Visually impaired
- Diabetes
- Fibromyalgia
- Post/polio synd
- Cancer
- Infectious disease: _____
- Other congenital or acquired disabilities: _____
- Surgeries: _____
- Other: _____

Please indicate the areas of tension or discomfort on the body diagrams below.



I, _____ (client) understand that massage is intended to enhance relaxation, reduce pain caused by muscle tension, increase range of motion, improve circulation, and offer a positive experience of touch.

I understand that massage therapy is a therapeutic health aide and is non-sexual.

I understand that massage therapy is not a substitute for medical treatment or medications, and that it is recommended that I concurrently work with my Primary Caregiver for any condition I may have. I am aware that the massage therapist does not diagnose illness or disease, does not prescribe medications, and that spinal manipulations are not part of massage therapy. I have informed the massage therapist of all my known physical conditions, medical conditions, and medications, and I will keep the massage therapist updated on any changes.

Cancellation Policy

I understand that if the massage therapist starts the session late, they will make it up to me at the end of the session if possible. I also understand that if I arrive late, my appointment will end at the original scheduled time, so the following client is not penalized. My therapist also has the right to potentially cancel and/or reschedule the appointment as deemed fit. I agree to give 24-hour notice for a scheduled session I cannot keep (Emergencies are an exception). I understand that if I frequently cancel or do not show up for appointments, I may be charged a fee. (50% of your session. Example: \$35 for an hour session).

Client Signature: _____

Date: _____

How To Receive A Therapeutic Massage

Massage is not a common part of our contemporary western cultural experience. Sometimes people do not get the most out of their massage session because they don't know what to expect. The following are some suggestions and ideas to help you enjoy and benefit the most from your therapeutic massage.

- Dress down to your comfort level. Any apprehension you feel during the massage will interrupt the natural relaxation process, therefore, we can work around any undergarment that you would like to wear during your session. Some clients prefer to have the massage treatment without clothing restriction. The therapist is trained to respect and protect your modesty.
- You will be draped with sheets during your entire session. The therapist will undrape each portion of your body as he/she works that area and they re-drape as he/she finishes. Again, your modesty is to be respected. You should never feel uncomfortable of exposure during the massage.
- Your only job is to relax as much as possible. This is your time! Enjoy! Allow the therapist to move your limbs into whatever position is required.
- As the therapist finds areas of tension, consciously try to let go and relax these areas.
- Talk, for the most part is unnecessary, however, feel free to give feedback if any manipulation is uncomfortable.

Swedish massage reduces stress, both emotional and physical and is suggested for stress management. It also has many specific clinical uses in medical and remedial therapy. The benefits of massage are stress reduction, increased cardiovascular efficiency, tonification of internal organs, flushing of metabolic toxins, reduced recovery time, injury management and rejuvenation. It also has cosmetic benefits.

Words of caution to the recipient of therapeutic massage: the therapist is instructed to and reserves the right to discontinue the therapeutic massage if the recipient makes advances or improper remarks that are not conducive to the therapeutic massage as stated above. If the therapist discontinues the session, you will be asked to leave and **YOUR PAYMENT IS STILL REQUIRED.**

Client Signature: _____ Date: _____