



Massage Client Information

Name: _____

Home phone: _____ Cell phone: _____

Address: _____ City, State, Zip: _____

E-mail: _____ Occupation: _____ Birth Date: _____

What brought you in today? (to relax, back pain, etc.) _____

How did you hear about us? (friend, google, yellow pages, etc) _____

Have you ever experienced professional massage/bodywork? Yes No If yes, how recently? _____

Health Information

Are you in good health? Yes No Is your blood pressure normal? Yes No

Have you had, or do you have any medical condition, serious or chronic illness, surgery, infection, or skin condition?

Yes No Please describe: _____

Have you had any broken bones, arthritis, joint problems, spinal disc problems, or traumatic accidents? Yes No

Please describe: _____

Are you currently under a doctor's, chiropractor's, or other health practitioner's care? Yes No

If yes, for what condition(s)? _____

Please list any medications: _____

Do you have allergies or sensitivities? _____

Any medical condition or concern not otherwise listed? _____

If female, are you pregnant? _____ If yes, when is your due date? _____

In case of emergency, notify: Name: _____ Phone: _____

Policies

Cancellation Policy: Kindly give 24 hours notice to change or cancel your appointment to avoid any cancellation fee. **Lateness**

Policy: You are responsible for full payment of the time **as scheduled**. If you arrive late, your time may be shortened at your practitioner's discretion, so that the next client may start on time.

Disclaimer/Release: I understand that therapeutic massage/bodywork is a health aid and does not take the place of a doctor's care.

If I experience pain or discomfort during the session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. Because massage/bodywork 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 that my practitioner, Healing Hands Massage & Bodywork, LLC, and its staff shall not be liable should any injury occur, due to my withholding information, or for any other reason. I agree to keep my current and future practitioners updated as to any changes in my medical profile, and I understand that there shall be no liability on the practitioner's part should I fail to do so. Information exchanged during any therapeutic session is educational in nature and is intended to help me become more familiar and conscious of my own health. It is to be used at my own discretion and is not to be construed as medical advice.

Client's Signature: _____ Date: _____