



Confidential Client History

Name _____ Date of Birth ____/____/____
Phone (H) _____ Business or Cell Phone _____
Address _____ City _____ State _____ Zip _____
Name of Employer _____ Type of Work _____
E-mail _____
Emergency Name _____ Phone Number _____
Are under a doctor's, chiropractor's or other health practitioner's care? Y N
If so, for what conditions _____
Are you on any medications? Y N If so, what? _____
Name of Doctor _____ Phone Number _____
Do I have permission to contact your doctor/therapist if needed? Y N

General & Medical Information

Please check what applies to you:

Contacts__ Dizziness__ Stroke__ High Blood Pressure__ Diabetes__ Nausea__ Pregnant__
Broke Bones__ Epileptic__ Circulatory Problems__ if so, what? _____
Numbness__ if so, where/when? _____
Any surgeries in the past 2 yrs. _____ if so, what? _____
Chronic Illness _____
Frequent stress headaches or migraines__ if so, describe _____
Do you smoke? Y N
Are you in recovery for any addictions or abuse? _____
Any other medical conditions I should be aware of? _____

Massage/Bodywork Information

Have you ever had professional massage/bodywork? Y N If so, when? _____
How did you find out about our service? _____ If referred, by whom? _____
Why did you come for our services? (relaxation, pain, therapy, etc.) _____

Describe any soreness or pain you are experiencing _____

I have completed this information form to the best of my knowledge. I understand that massage/bodywork services are designed to be a health aid and are in no way to take the place of a doctor's care when indicated. I understand that massage therapists/bodyworkers are not qualified to perform spinal adjustments, diagnose, prescribe or treat any physical or mental illness and that nothing said in the course of the session(s) will be construed as such. The therapist or client reserves the right to end the session at any time if massage/bodywork is contraindicated. Information exchanged during any session is educational in nature and is intended to help me become more familiar and conscience of my own health status and is to be used at my own discretion.

Signature _____

Date _____