



Massage Client Information

Name _____

Date _____

Address _____

Date of birth _____

Occupation _____

Phone (H) _____
(C) _____
(W) _____

Are you presently under a doctor or therapist's care? Yes/No

If yes, please explain _____

Have you ever had a professional massage or other type of bodywork? Yes/No

If yes, please explain _____

What do you hope to gain from a massage?

Please circle any of the following, which presently apply to you:

- | | | |
|----------------|----------------|----------------|
| Allergies | Heart disease | Blood clots |
| Bone injury | Osteoporosis | Blood pressure |
| Disc problem | Skin condition | Diabetes |
| Joint injury | AIDS/HIV+ | Infection |
| Recent surgery | Cold or flu | Pregnant |
| Arthritis | Headaches | Varicose veins |
| Cancer | Phlebitis | |

Medications now taking: _____

Any other conditions? Please describe: _____

Older injuries that still affect you: _____

I understand that massage practitioners are not trained in the diagnosis and treatment of diseases. I confirm that I have consulted a medical doctor for all the conditions checked and have received authorization to have massage. By signing this release, I do hereby waive and release the massage practitioner from all liability, past, present and future.

SIGNATURE _____

Date _____