

General Information

Full Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Email _____ Home Phone _____ Work Phone _____

Gender: Male Female Occupation _____

Emergency Contact _____ Phone _____ Relation _____

Pls select your preferred method of communication for future appointment confirmation:

Phone Call Email Text

Are you under 18 years of age? Yes No

Have you ever been diagnosed with cancer? If so. What type? _____

If answered yes, when was your last cancer treatment? _____

Do you have physician approval? Yes No

Are you pregnant? If so, return to the front desk for a prenatal massage form. _____

Do you have highblood pressure? Yes No

On medication for blood pressure? Yes No

Do you have any other medical condition? Yes No

Do you have any skin conditions such as athlete's foot, warts, psoriasis, etc? Yes No

Athlete's foot Yes No Warts Yes No Psoriasis Yes No Others _____

Do you have any allergies such as to nuts, oils, fragrances, etc? Yes No

Have you been in accident or suffered any injuries in the past two years? Yes No

Do you have cardiac or circulatory problem? Yes No

Do you have diabetes? Yes No

Do you suffer from epilepsy or seizures? Yes No

Do you have a contagious disease? Yes No

Are you sensitive to touch or pressure in any area? Yes No

I am aware that the following symptoms are recognized as higher risk and compromised health issues.

- Heart disease • Diabetes • Age >62 • Smoker • Asthma

Hence, I am giving my full consent to receive the massage.

I understand that the massage/bodywork is provided for relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner. Massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician. Chiropractor or other qualified medical specialist for any mental or physical ailment. Massage/bodywork practitioner are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat physical or mental illness. Because massage/bodywork should not be performed under certain medical conditions. I affirmed that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the practitioner updated as to my medical profile. Any illicit or sexually suggestive remarks or advances made by me will result in the termination of the session, and I will be liable for the payment of the scheduled appointment.

Signature: _____

Date: _____