

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Birthdate \_\_\_\_\_

Email \_\_\_\_\_ (if you wish to receive the monthly newsletter)

Occupation \_\_\_\_\_ Referred by \_\_\_\_\_

I am here for:  Relaxation/Stress Relief  Muscle Soreness/Pain Relief  Wellness/Maintenance

*Note: If you have any questions about this form, please feel free to discuss them with the practitioner.*

**Personal Health History:**

Are you currently under a doctor's care?  Yes \_\_\_\_\_

Are you currently taking prescription medication(s)? \_\_\_\_\_

Please check all that apply (and explain if appropriate)

High Blood Pressure \_\_\_\_\_

Varicose Veins \_\_\_\_\_

Cancer \_\_\_\_\_

Bruising easily \_\_\_\_\_

Heart Disease \_\_\_\_\_

Recent bruises/cuts/rashes? \_\_\_\_\_

Diabetes \_\_\_\_\_

Current Inflammation/Infection? \_\_\_\_\_

Surgeries \_\_\_\_\_

Recent Injuries/Trauma \_\_\_\_\_

Joint Replacement(s) \_\_\_\_\_

Dislocation of Hip or Shoulder \_\_\_\_\_

Sleeping Disorders \_\_\_\_\_

Digestive Distress \_\_\_\_\_

Allergies \_\_\_\_\_

**Women only:**

Reproductive age women:

Are you pregnant? \_\_\_\_\_

Menopausal Symptoms \_\_\_\_\_

Please list any other conditions that I should be made aware of :

\_\_\_\_\_  
\_\_\_\_\_

Do you currently receive or have you in the past received massage and/or other bodywork on a regular basis?  Chiropractic  Acupuncture  Physical Therapy  Massage/Bodywork

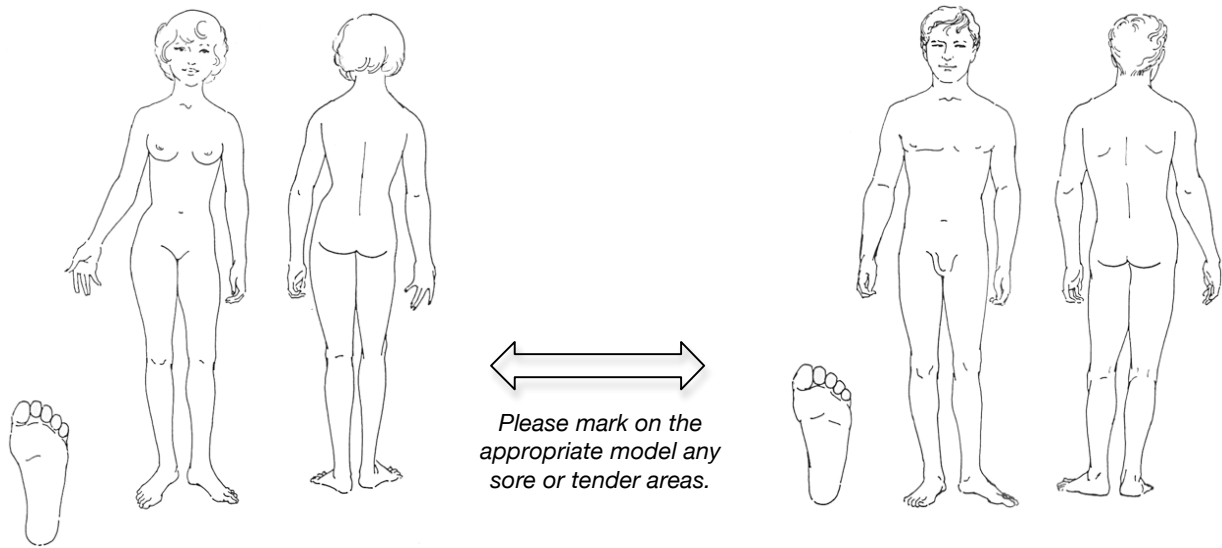
Any area(s) that need extra attention?

\_\_\_\_\_  
\_\_\_\_\_

Any area(s) you do not wish to have worked on?

\_\_\_\_\_  
\_\_\_\_\_

**Please turn over to complete side 2**



**Consent:**

*Please Note: If you feel that you have a medical illness or disorder, you should seek the advice of a licensed physician or health care provider immediately.*

- I understand that massage therapists do not diagnose illness, disease, or any physical or mental disorder; nor do they prescribe medical treatment, pharmaceuticals, or perform spinal thrust manipulations.
- I acknowledge that massage is not a substitute for medical examination, diagnosis or care.
- It is my choice to receive bodywork or massage therapy. I realize that the treatment is being given for the well-being of my body and mind, which includes stress reduction, relief from muscular tension, spasm or pain, and/or for increasing circulation or energy flow.
- I agree to communicate with the massage therapist if any time I feel like my well-being is being compromised.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Signature of Parent or Guardian if under age 18 \_\_\_\_\_

*For your privacy, all information is kept confidential. No information will be released to other parties without your written consent.  
Payment is due at the time of your service and may be paid by cash, personal check, credit card or Sigourney Dollars.*