

Date: _____ This form must be completed and signed before receiving massage treatment

Name: _____ Address: _____

Email: _____ Male Female

Date of Birth: _____ Occupation: _____

General & Medical Information

Have you ever experienced a professional massage? / YES NO how recently?

Do you have any of the following conditions? If checked (), please explain below as clearly as possible.

- | | | |
|----------------|-------------------------------------|---------------------------------|
| Stress | Allergies | Contagious disease |
| Diabetes | Wear contact lenses | Back pain |
| Pregnant | Cancer | Cardiac or circulatory problems |
| Arthritis | Very sensitive to touch or pressure | Frequent headaches |
| Osteoporosis | Epilepsy or seizures | Bruise easily |
| Joint swelling | Varicose veins | Depression |

Numbness or stabbing pains. Specify below.

Tension or soreness in a specific area? Specify below.

High blood pressure. If "yes", taking medications for this?

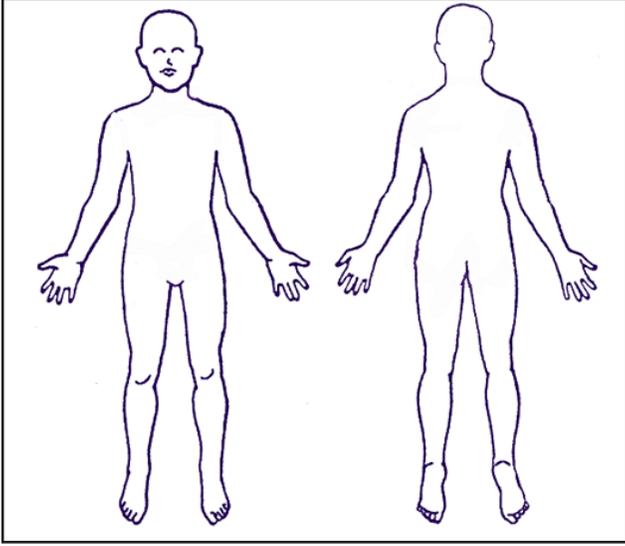
Surgery in the past five years? Specify below.

Accident or suffered any injuries in the past two years?
Broken bones, etc.

Other medical conditions not listed, Specify below.

Comments:

Please indicate where you are experiencing pain



I understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during the session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage should not be construed as a substitute for medical examination, diagnosis or treatment. I understand that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage 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 to keep the massage therapist updated as to any changes in my medical profile during the session and understand that there shall be no liability on the massage therapist's part should I fail to do so. I understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session. I also understand that the Registered Massage Therapist reserves the right to refuse to perform massage on anyone whom he/she deems to have a condition for which massage is contraindicated.

Client Signature: _____ Date: _____