



Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Cell Phone: _____

Home Phone: _____ Pager: _____

Birth Date: _____ Occupation: _____

Referred by: _____

Reason for your visit: _____

Recent injuries or medical treatments: _____

Are you currently under the care of a health professional? Yes No

If yes, health care providers name: _____ Phone: _____

Do you have a history of or are currently treating any of the following conditions:

- emotional challenges
- fever
- insomnia
- headaches
- allergies
- obesity
- cancer
- chronic pain
- surgery
- elevated cholesterol
- sports injury
- thrombophlebitis
- phlebitis
- cold virus
- cigarettes
- heart ailment
- ulcerated colon
- circulatory problems
- diabetes
- osteoporosis
- digestive disorders
- infectious conditions
- neck/spine injury
- diverticulitis
- accidental injury
- appendicitis
- ulcers
- high blood pressure
- arthritis
- whiplash
- acute pain
- back pain
- medications (type/purpose)
- TMJ syndrome
- constipation
- flu
- epilepsy
- kidney ailment
- headaches
- pregnancy
- varicose veins
- heart problems
- due date: _____

Have you ever received professional massage? Yes ____ No ____

Do you have any skin problems or allergies? _____

Are you taking any supplements or herbal treatments? Describe. _____

Sports you are engaged in _____

Current workout program. _____

I understand that the massage therapy given here is for the purpose of stress and pain reduction, relief from muscular tension or spasm, and for increasing circulation and energy flow. I understand that the massage therapist does not diagnose illness, disease, or any other physical or mental disorder. The massage therapist does not prescribe medical treatment or pharmaceuticals, or perform spinal manipulation. I understand that massage therapy is not a substitute for medical examinations and/or diagnosis and that it is recommended that I see an appropriate health care provider for any physical ailment that I might have.

With this in mind, I agree to receive massage therapy and hold the therapist blameless for any problems that might arise as a result of the massage session

Signature _____ Date _____