

## Massage Client Information Form

Name:	Home Phone:
Birthdate:	Cell Phone:
Address:	Emergency Contact:
Postal Code:	Emergency Contact Phone:
Email:	Medical Doctor:
Occupation:	Stress Level:                      High                      Med                      Low

Primary Reason for Appointment:

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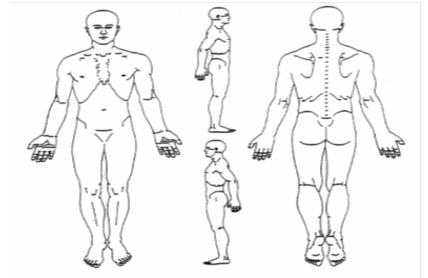
Describe location and sensation of the discomfort or pain: (Burning, Tingling, Throbbing, and Aching, Sharp, Shooting ect)

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How long have you had this discomfort/pain? How intense is the discomfort/pain? (Mild, Moderate, Intense)

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Please indicate on the body the area(s) of concern



Injuries or Surgeries: (falls, fractures, motor vehicle accidents, sprains – any injury that required medical attention and or treatment)

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Are you under a physician's or health professional's care? If yes, please explain

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Are you taking any medications? If yes, Please list all medications

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Is there a history of medical illness or condition?

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## Health History

Check the following conditions that apply to you, Past (P) and Current (C). Please add comments to clarify the condition on lines provided or on the back of the form if needed.

### Muscular-skeletal

- Headaches
- Joint stiffness/swelling
- Spasms/cramps
- Broken/Fractured bones
- Sprains/strains
- Dislocation/separation
- Back/hip pain
- Knee/ankle/foot pain
- Shoulder/neck pain
- Elbow/wrist/hand pain
- Chest/rib pain
- Jaw pain/TMJ
- Gait/Walking problems
- Tendonitis
- Bursitis
- Arthritis
- Osteoporosis
- Scoliosis
- Bone or joint disease
- Other

### Circulatory /Respiratory

- Dizziness
- Loss of consciousness/fainting
- Shortness of breath
- Phlebitis
- Cold hands/feet
- Swollen ankles
- Pressure sores

- Varicose veins
- Blood clots
- Stroke
- Heart condition
- Allergies
- Sinus problems
- Asthma
- High blood pressure
- Low blood pressure
- Lymphedema
- Cholesterol
- Other

### Digestive

- Diabetes
- Indigestion
- Diarrhea
- Diverticulitis
- Irritable bowel syndrome
- Crohn's disease
- Colitis
- Other

### Nervous System

- Paralysis
- Herpes/shingles
- Cerebral palsy
- Post/Polio syndrome
- Epilepsy
- Chronic fatigue syndrome
- Fibromyalgia

- Multiple sclerosis
- Muscular dystrophy
- Parkinson's disease
- Spinal cord injury
- Connective tissue disorder
- Numbness/tingling
- Chronic pain
- Sleep disorders
- Ulcers

### Reproductive System

- Pregnancy – current – previous – complications
- Menopause
- Pelvic inflammatory disease
- Endometriosis
- Hysterectomy

### Other Health History

- Depression
- Difficulty concentrating
- Drug use
- Thyroid
- Hearing impaired
- Visually impaired
- Cancer – treatment type
- Infectious disease (please list)
- Other congenital or acquired disability (please list)

Please list any additional comments regarding your health and well-being:

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I have stated all conditions that I am aware of and this information is true and accurate. I will inform Complete Body Health of any changes in my health status.

Client Signature:

Date:

## Massage Therapy Consent

- Focused attention and manual therapy will be given as agreed upon by therapist and client for the predetermined goals of stress reduction, relief of muscular discomfort, and/or health promotion. My therapist will discuss the potential benefits and possible side effects of this therapy.
- I as a client agree to provide complete and accurate health information and will notify the therapist of any health changes successive appointments as appropriate.
- I understand that massage therapy is for the purpose of soft tissue relief.
- I understand that the massage therapist cannot prescribe medical treatment, pharmaceuticals or chiropractic manipulations.
- I understand that massage therapy is not a substitute for medical or dental examinations or diagnosis, and it is recommended I see a physician for any ailment I might have.
- I will immediately inform my therapist of any unusual sensation or discomfort, so that the application of pressure or strokes may be adjusted to my level of comfort.
- I understand that this professional massage is therapeutic in nature and is performed by a trained, licenced therapist.
- I understand that the massage is not sexually oriented in any way and that any illicit or suggestive remarks or behavior will result in immediate termination of the session.
- The unclothed body will be properly draped at all times for your warmth, sense of security, and as a mark of massage professionalism.
- I understand that by signing this form, I give my consent to receive the treatment discussed in this and all future sessions and agree that my presence at subsequent sessions shall be construed to be validation of this written consent.
- I have read this form and hereby freely give my permission to be massaged.

Client's Name (please print)

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Client Signature:

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Date:

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Therapist's Name:

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