

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone number: (\_\_\_\_\_) \_\_\_\_\_ E-mail address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Emergency contact (name): \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency contact (phone number): (\_\_\_\_\_) \_\_\_\_\_ Referral: \_\_\_\_\_

**Please answer the following as they apply to you (circle where appropriate):**

Today's date: \_\_\_\_\_ Primary reason for seeking massage: \_\_\_\_\_

Have you ever had a professional massage? YES NO

Do you exercise or participate in any sports or other physical activities? YES NO

If yes, what kind and how often? \_\_\_\_\_

Have you ever had surgery? YES NO

If yes, please describe and include when: \_\_\_\_\_

Have you ever had any injuries or accidents (acute/chronic)? YES NO

If yes, please describe and include when: \_\_\_\_\_

Do you have any allergies? YES NO

If yes, please describe: \_\_\_\_\_

Are you taking any medication (prescription/over the counter) or holistic remedies/supplements (topical/oral/other)? YES NO

If yes, please describe: \_\_\_\_\_

Do you have any skin conditions? YES NO

If yes, please describe: \_\_\_\_\_

Do you have any infectious diseases or contagious conditions (acute/chronic)? YES NO

If yes, please describe: \_\_\_\_\_

Do you have any joint or muscle-related issues? YES NO

If yes, please describe: \_\_\_\_\_

Do you have any heart problems or circulatory issues? YES NO

If yes, please describe: \_\_\_\_\_

Do you have any respiratory issues? YES NO

If yes, please describe: \_\_\_\_\_

Do you have any reproductive system issues? YES NO

If yes, please describe: \_\_\_\_\_

Are you pregnant or trying to become pregnant? YES NO

Do you have any other health conditions (acute/chronic)? YES NO

If yes, please describe: \_\_\_\_\_

Are you receiving any other medical/holistic treatment or engaging in any other forms of self-care? YES NO

If yes, please describe: \_\_\_\_\_

Bodywork may bring mental/emotional health issues to the surface. Please describe your mental/emotional health issues, if any (present/past): \_\_\_\_\_

I understand that massage therapists do not diagnose illness, disease, or any other physical or mental disorders. As such, massage therapists do not prescribe medical treatment or pharmaceuticals, nor do they perform spinal manipulations. I understand that massage therapy is not a substitute for medical examinations and/or diagnosis and that it is recommended that I see the appropriate health care practitioner if I am seeking a diagnosis for any physical or mental ailment that I may have.

I understand that it is necessary for the massage therapist to be aware of existing physical/mental health conditions. I have stated all my known health conditions and take it upon myself to keep the massage therapist updated on my health.

**Cancellation/Rescheduling Policy**

If you need to cancel or reschedule an appointment, please provide at least 24 hours notice. Otherwise you will be subject to a cancellation/rescheduling fee. No-shows will also be subject to a cancellation/rescheduling fee.

Signature \_\_\_\_\_ Date \_\_\_\_\_