CLIENT INFORMATION

Today's Date _____ Date of Last Massage_____

Name _____

Address_____ City _____Zip _____

Phone: Home _____ Work _____ Other _____

Date of Birth _____ Occupation_____

Referred by _____

Reason you decided to come for this massage today, and any pain you may currently be experiencing:_____

Please state any recent or past injuries or surgeries:

_____

_____

Do you currently have any of the following conditions? (Please Circle)

Headaches	Carpel Tunnel Syndrome	Chronic Pain (_____)
Cold Virus	Heart Ailment	Skin Disorders
Flu Virus	Stroke (Date_____)	Diverticulitis
High Cholesterol	Atherosclerosis	Diabetes
Varicose Veins	Infectious Conditions	Fever
Cancer	Allergies (_____)	Fibromyalgia
Colon Disease	Others _____	

Ladies Only:

P.M.S. Syndrome	Pregnant (Due_____)	Abuse Survivor

Are you currently under the care of a health professional? Yes _____ No_____

If yes, health provider's name _____Phone_____

I understand that a certified massage therapist is not a medical doctor and does not diagnose or treat disease. Massage Therapy helps to assist in stimulating the body's own healing mechanisms by promoting movement of fluids such as nutrients, oxygen, lymph, hormones, and water through the body's fluid pathways, allowing my body to restore itself to its own natural balance.

I take full responsibility for my health, and my signature on this form releases _____ from any liability as a result of treatment. I certify that I am acting in my personal capacity.

I agree to give 24-hour advance notice if I must cancel a scheduled appointment. If I fail to provide this notice, I understand that I will be billed for that time.

*Signature*_____

PRENATAL MASSAGE THERAPY RELEASE

During pregnancy, the body undergoes major changes of both a physical and psychological nature. Massage therapy can be a safe, drug free method to release muscle tension and emotional stress. I understand that a massage therapist is not a medical doctor and that massage therapy does not replace routine obstetrical care.

I have reviewed the following list of pregnancy complications, and verify that I do not currently have any of the following conditions or symptoms:

- A diagnosis as a high-risk pregnancy by my physician
- Pre-term labor/possible miscarriage: discharge of blood, amniotic bag ruptured, pains or contraction in uterus
- Pre-eclampsia (GEPH): unusual weight gain, protein in urine, high blood pressure
- Eclampsia (toxemia): severe water retention, headaches, back pain, vomiting, visual disturbances
- Gestational Diabetes: abnormal appetite/thirst, sugar in urine
- Deep Vein Thrombosis: pain, redness, or swelling isolated to one leg

I have had opportunity to ask the massage practitioner any questions I may have about pregnancy massage, and I have discussed this with my physician or other prenatal health care practitioner. I affirm that I do not currently have any of the above conditions except as listed here: (list any symptoms from above list or other conditions relevant to receiving massage, or write “none”) _____
_____
_____
_____

If I suspect that I develop any of the above symptoms, I will promptly notify the massage therapist in writing, and I will obtain a written release from my obstetrician before seeking further massage. I consent to allowing the massage practitioner to contact my primary care provider regarding my condition.

By placing my signature on this form, I permanently release (YOUR NAME HERE), and their insurers, heirs or assigns, from all liability to me or my unborn child that may arise as a result of my receiving massage therapy during this pregnancy. I agree to defend and hold harmless (YOUR NAME HERE) from any claims that may arise as a result of my receiving prenatal massage.

Signature: _____ Date: _____

(Print Name)_____ Due Date _____

Obstetrician’s Name _____