



**Basic Personal Information**

First Name:	Last Name:	Date of Birth:
Address:		
Best Contact Phone Number:		How did you hear about us?
Email:		
Emergency Contact:		
Emergency Contact Phone Number:		

**General Health**

Please list all allergies:		
Are you currently under the care of any: <input type="checkbox"/> Doctors <input type="checkbox"/> Chiropractors <input type="checkbox"/> Physical Therapists <input type="checkbox"/> Other medical professional	List any surgeries in the past 5 years:	Surgeries older than 5 years:
Are you pregnant? Y/N	If yes, what trimester are you in?	Do you smoke?
List all medications and herbs:		
Do any of these conditions apply to you? <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Low Blood Pressure <input type="checkbox"/> Heart Condition <input type="checkbox"/> Heart Attack <input type="checkbox"/> Fibromyalgia <input type="checkbox"/> Headaches <input type="checkbox"/> Diabetes <input type="checkbox"/> Blood Clots <input type="checkbox"/> Stroke <input type="checkbox"/> Depression <input type="checkbox"/> Nerve Pain <input type="checkbox"/> Eczema or Psoriasis <input type="checkbox"/> Cancer <input type="checkbox"/> Sprains/Strains <input type="checkbox"/> Broken Bones <input type="checkbox"/> Diabetes <input type="checkbox"/> TMJ <input type="checkbox"/> Arthritis <input type="checkbox"/> Whiplash		
Any additional medical information we should know? (Ex: pacemaker, insulin pump, etc.)		



Health Today
Are you experiencing any pain or discomfort today? Please describe:
Is your pain: sharp, dull, achy, deep, tingling, new, ongoing?
Are you taking any extra medications today? (Ex: pain killers, cold medication)

General Massage	
Have you ever had a massage before?	If yes, how often? <input type="checkbox"/> Once <input type="checkbox"/> A few times <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Other ( please specify)
If you do not get massage regularly what is stopping you from doing so? <input type="checkbox"/> Time <input type="checkbox"/> Cost <input type="checkbox"/> Not a priority <input type="checkbox"/> Other_____	
What is your primary goal for the session?	
Do you have any sensitivity to scent?	Have you ever used essential oils :
Is there any area of the body you prefer we avoid in general? (Ex: feet or scalp)	
YOUR MASSAGE....NO <i>BODY</i> IS THE SAME	
Do you enjoy working out knots or would you prefer a more general massage or both?	
What type of pressure do you prefer: light, medium, firm, not sure ?	
Is there anything you would be upset if we didn't get to do?	



UPDATED 11/17

### Confidentiality Acknowledgement

All the information provided to the therapist is strictly confidential. The therapist will not disclose any information to anyone including a medical practitioner unless you give explicit consent to do so.

### Treatment Terms and Consent

You are consenting to be treated by the therapist and agreeing to the following conditions:

- I have provided an accurate medical history to the best of my knowledge.
- I understand that a massage therapist cannot diagnose illness or disease and cannot prescribe medications.
- I understand that this treatment is for therapeutic purposes only and any misconduct will bring the session to an immediate end.
- The treatment provided to me is intended to improve my wellness but is not a substitute for medical treatment.
- The therapist has the right to refuse treatment if she believes it is not safe for herself or for me.
- I agree to notify my therapist of any changes to my physical and mental condition during treatment.

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

### Current and Future Cancellations

As time is valuable to both of us, I agree that should I need to cancel my appointment, I will do so at least 24 hours prior to my appointment or I will be billed an early cancellation fee of \$25. FAILURE TO NOTIFY US OF CANCELLATION WILL RESULT IN AN AUTOMATIC \$50 Fee.

We value your time too! Should my therapist need to cancel within less than 24 hours I will receive a \$25 credit towards my next massage.

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