CONFIDENTIAL CLIENT INFORMATION

Name______________________________Age______ Birthdate____________________

Address_____________________________City______ ____State__________Zip__________

Occupation__________________________Phone(W)____________________(H)__________

Referred by__________________________Allergies to oil or fragrances?___________________

Any injuries or accidents__________Describe____

Pins or Wires in your body__________________ Taking any medications and/or herbs? Y/N

Please list____

Areas of complaint or tension____

Primary reason for appointment______________________________ Contact Lenses Y/N

Please check all conditions listed below which you have experienced. Use a P to indicate conditions which were in the past and a C to indicate current conditions.

___Arthritis
___Insomnia
___Heart Problems
___Tuberculosis
___Blood Clots/Phlebitis
___Blood Thinner
___Headaches/Migraine
___High/Low blood Pressure
___High/Low blood sugar
___Sciatica

___Stress/Fatigue
___Spinal Problems/Backaches
___Recent Surgery
___Asthma/Sinuses
___Osteoporosis
___Fibromyalgia
___Hip Replace
___Thrombosis
___Stroke
___Edema(water retention)

___Varicose veins
___Numbness
___Diabetes
___Neck/Spine Injury
___Allergies
___Knee Replace
___Cancer
___Now Pregnant
___Skin Problems
___Depression

Do you have any other medical conditions that I should be made aware of?

____

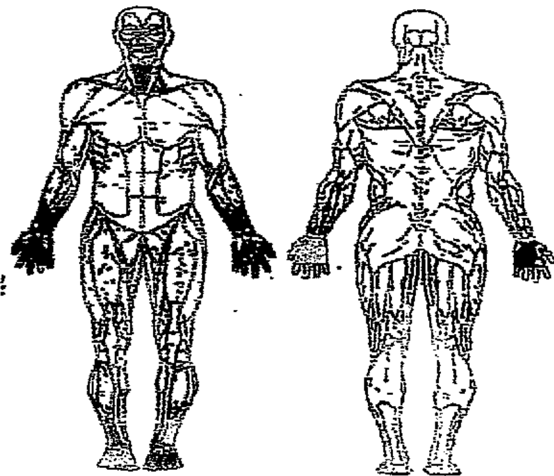
Stress Level (1-very low → 5-very high)
1 2 3 4 5 Explain____________________

____

Have you ever received a massage therapy before?
Y/N

Depth of pressure desired:
___Light ___Medium ___Deep

On the figure on the right, please circle any areas where you are feeling tightness, tension or pain.



I______________________________ have read the above information and have stated all my known medical conditions. I understand that the massage therapy given here is for the purpose of stress reduction, relief from muscular tension or spasm, for increasing circulation and energy flow, and relief from stiff joints. I understand that the massage therapist does not diagnose illness, disease, or any other physical or mental disorder. I take it upon myself to update my massage therapist regarding any changes in my condition.

Signature____ Date____________________

Therapist's Signature____ Date____________________