

## Client Information Sheet

Referred by: \_\_\_\_\_

Date of Initial Visit: \_\_\_\_\_

Name: \_\_\_\_\_  
(How you would like to be referred to in our office)

Cell Phone # \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone # \_\_\_\_\_

\_\_\_\_\_  
City State

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Emergency Contact (name/ phone number):**

**E-mail Address:**

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

Reason for your visit: \_\_\_\_\_

Please state any RECENT injuries/medical treatments/surgeries including medications:

\_\_\_\_\_

Have you or are you presently experiencing any of the following conditions? **(If so, please circle)**

Accidental Injury

Grief Process

Pregnancy/Post-Partum Issues

Acute Pain

Headaches

Heart Condition

Respiratory Condition

Allergies/Sinusitis

Skin Disorders

Arthritis

High Blood Pressure

Sports Injury

Cancer

Infectious Conditions

Stress Related Injury

Chronic Pain

Cold/Flu/Fever

Kidney Ailments

Thyroid Conditions

TMJ Syndrome

Circulatory Problems

Muscular Problems

Varicose Veins

Chronic Fatigue Syndrome

Depression

Neck/Spine Injury

Diabetes

Neck/Shoulder/Back Pain

Digestion Problems/Ulcers

Elevated Cholesterol

Osteoporosis

Phlebitis

PMS Syndrome

Emotional Changes

Sleep Deprivation

Other: \_\_\_\_\_

Is a Doctor currently treating you for any health condition? If yes, please describe:

\_\_\_\_\_

\_\_\_\_\_

**Appointment Cancellation Policy: To continue to provide you and others with excellent service, we require 24 hour notice of cancellation or changes prior to your appointment, or a \$25 fee will be assessed to you at the time of your next scheduled visit.**

Thank you for your consideration and understanding.

Please sign on the line below to indicate that you have read and understand this statement:

\_\_\_\_\_  
Client Signature

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## **Mandatory Disclosure**

Massage/Bodywork is defined as the application of various techniques to the muscular structure and soft tissues of the human body. Application of massage and bodywork techniques may include, but not be limited to, stroking, kneading, tapping, manipulation, and the application of pressure to the muscular structure of the soft tissues of the human body.

Massage/bodywork is provided for the purposes of relaxation, stress management, and the relief of muscular tension.

Massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment. A physician, chiropractor, or other qualified medical specialist should be consulted for any medical physical ailment. Massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness. Because massage should not be done under certain conditions, all known medical conditions should be disclosed to the massage therapist.

Illicit or sexually suggestive remarks or advances will result in immediate termination of the session at full cost to the client.

I agree to the above mentioned statements

**Name (print) :** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_/\_\_\_/\_\_\_