

# Massage Client Information

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

## General and Medical Information

Y N Have you ever had a professional massage? If yes, how often?

\_\_\_\_\_

Y N Are you pregnant? \_\_\_\_\_

Y N Do you wear contact lenses? \_\_\_\_\_

Y N Do you have high blood pressure? If yes, is it under control? \_\_\_\_\_

Y N Do you suffer from seizure disorders or epilepsy? \_\_\_\_\_  
\_\_\_\_\_

Y N Are you diabetic? If yes, is your diabetes under control? \_\_\_\_\_

Y N Have you broken any bones in the past two years? Which? \_\_\_\_\_  
\_\_\_\_\_

Y N Do you have cardiac or circulatory problems? Please explain. \_\_\_\_\_  
\_\_\_\_\_

Y N Have you ever had surgery? If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Y N Do you have any other medical conditions or injuries? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Y N Are you currently taking any medications? What for? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Y N Do you suffer from back pain? Upper, mid, lower back? \_\_\_\_\_

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Y N Do you experience headaches? \_\_\_\_\_

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Y N Do you have tension or soreness in a specific area? \_\_\_\_\_

If so, where? \_\_\_\_\_

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What activities/movements/positions make this

Worse? \_\_\_\_\_

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Better? \_\_\_\_\_

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Y N Are you sensitive to touch/pressure in any area? (ticklish?) \_\_\_\_\_

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Y N Are you allergic or sensitive to any oils (essential oils, nut oils, scents)?

If yes, please list. \_\_\_\_\_

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Please provide additional information about your health to assist your therapist in providing a beneficial and therapeutic massage (previous injuries, goals for massage, etc.).

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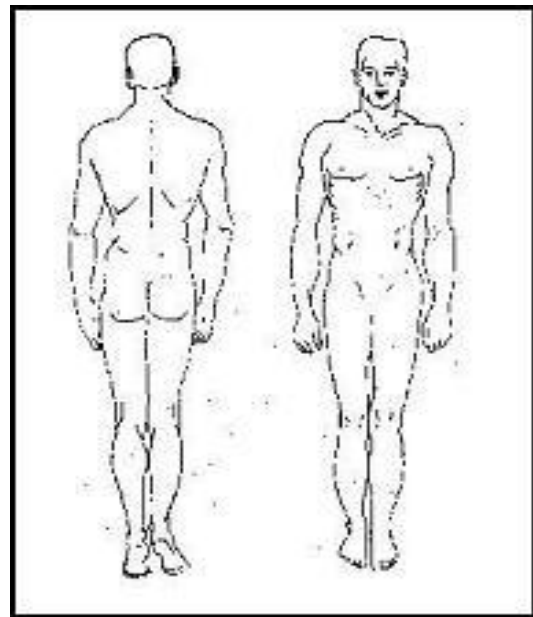
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**Please mark in the diagram above any areas where you have pain or discomfort.**

# Massage Client Waiver Form

Please take a moment to **read and initial** the following information:

I understand that massage therapy is provided for stress and/or inflammation reduction, relaxation, relief from muscular tension, and improvement of circulation and energy flow.

\_\_\_\_\_  
If I experience pain or discomfort during the session, I will immediately inform my therapist so that pressure/strokes can be adjusted to my level of comfort. I will not hold my therapist responsible for any pain or discomfort I experience during or after the session.

\_\_\_\_\_  
I understand that the services offered today are not a substitute for medical care. I understand that my therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat physical or mental illness.

\_\_\_\_\_  
I affirm that I have notified my therapist of all known medical conditions and injuries.

\_\_\_\_\_  
I agree to inform the therapist of any changes in my health and medical condition. I understand that there shall be no liability on the therapist's part should I forget to do so.

\_\_\_\_\_  
I understand that massage is entirely therapeutic and non-sexual in nature.

\_\_\_\_\_  
By signing this release, I hereby waive and release my therapist from any and all liability, past, present, and future relating to massage therapy and bodywork.

\_\_\_\_\_  
I have received the policy statement, and have read and agree to the policies therein.

Client name: \_\_\_\_\_

Client signature: \_\_\_\_\_

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

## Information and Suggestions

- Prior to your massage, please remove contact lenses and all jewelry. Pull long hair back with a clip or band.
- Please undress to your level of comfort. You will be covered with a top sheet throughout your session. This is your massage and you should be as comfortable as possible.
- Feel free to ask your therapist any questions before, during, or after the session. Your therapist is a highly trained professional and will be happy to make you feel informed and comfortable.

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