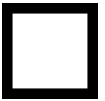




Client Information & Massage Agreement



Last Initial

Name: _____ Telephone: _____ Date of Birth: ____/____/____

Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ Email: _____ Referred By: _____

In Case of Emergency, Contact: _____ Telephone: _____

****Before treatment begins, it is very important that any recent or chronic medical conditions and any medications you may be taking be discussed with your massage therapist.****

Medical History & General Information: (Please circle all that apply)

Cardiovascular/Respiratory	Musculoskeletal	Medical Conditions	Skin	General
High Blood Pressure	Neck Pain	Cancer	Rashes	Sleeping Problems
Low Blood Pressure	Muscle Pain	Osteoporosis	Eczema	Cold Hands/Feet
Chest Pain	Back Pain	Diabetes	Psoriasis	Fevers
Palpitations	Joint Pain	Allergies	Warts	Bleed/Bruise Easily
Clotting Disorders	Carpal Tunnel	Stress	Shingles	Dizziness
Varicose Veins	Fibromyalgia	Heart Attack	Skin Lesions	Headaches
Anemia		Seizures	Boils	Migraines
Heart Disease				Acne
Asthma				
Sinus Trouble				
Emphysema				

Other/Explanation:

Please Read The Following Statement Carefully, Then Sign Below.

I fully understand that massage therapy is not a substitute for medical examinations and/or diagnosis and that it is recommended that I see a physician for any physical ailment I may have. Since a massage therapist must be made aware of any existing physical conditions, I have stated all known medical conditions and take it upon myself to keep the therapist updated on my physical health. I understand that payment is due at the time of treatment. I agree to the therapist's cancellation policy. If less than 24 hours is given, I agree to pay the therapist \$15.00 for the appointment time missed. I understand that any remarks or actions of a sexual or personal nature will result in immediate terminations of session and that no future appointments will be allowed. I have carefully read and understand all of the above and I have answered all questions fully and accurately.

Client Signature: _____ Date: _____

Massage Therapist Signature: _____ Date: _____