Client Information Sheet

Name ______________________________
Hobbies ______________________________
How is your general health? ______________________________
Have you ever had any serious illness? ______________________________
If so, please explain. ______________________________
Have you had any operations? __________ If so, please explain. ______________________________
Have you had any traumatic accidents or broken bones? ______________________________
Heart Conditions? __________ Blood Pressure? ______________________________
Are you on Medication? __________ If so, what? ______________________________
Do you take supplements? __________ If so, what? ______________________________
Are you currently being treated by a Doctor, Chiropractor or other practitioner? __________
If so, for what? __________ May I have permission to contact them? __________
Doctor or Chiropractor:

Name	__________	Name	__________
Address	__________	Address	__________
City St Zip	__________	City St Zip	__________
Phone	__________	Phone	__________

Have you ever received a professional massage before? ______________________________
What do you expect from this massage? ______________________________
How did you find out about our services? ______________________________

Massages are available in 1/2, 1 and 1-1/2 hour increments. Appointments will be charged as previously scheduled. We will be happy to extend the length of your massage if the time is available.

I understand that massage services are designed to be a health aid and in no way to take the place of a doctor's care when indicated. Information exchanged in any massage session is educational in nature and is intended to help you become more familiar and conscious of your own health status. Please use this information at your own discretion.

__________ Date ______________________________ Signature

Consent to treatment of a minor: By my signature below, I authorize the massage therapist to administer massage to my child or dependent, as they deem necessary.
Signature of parent or guardian: ______________________________ Date: __________