

CLIENT INFORMATION

Name: Telephone: ()
Address: City: State: Zip:
SSN: Date of Birth: Age: M/F
Referred by: Email:
In case of emergency: Telephone: ()

GENERAL MEDICAL INFORMATION

Employer at time of injury:
Injured body part:
For this injury, I am also being seen by Doctor/Chiropractor/Physical Therapist:

DESCRIBE THE ACCIDENT:

Yes No Have you ever experienced a professional massage or bodywork session? How recently?

Please circle Yes or No. If you answer "yes" to any of the following questions, please explain as clearly as possible. Do you have...

- Yes No Contact lenses
Yes No Numbness or stabbing pains anywhere
Yes No Allergies
Yes No Are you very sensitive to touch or pressure in any areas?
Yes No Diabetes
Yes No Do you bruise easily?
Yes No Cardiac or circulatory problems
Yes No Have you ever had surgery? Explain below.
Yes No High blood pressure
Yes No Are you pregnant?
Yes No If "yes" to previous 4 questions, are you taking medication for this?
Yes No Do you have any other medical conditions, or are you taking any medications I should know about?
Yes No Joint swelling
Yes No Do you have tension or soreness to a specific area? Please specify:
Yes No Arthritis
Yes No Osteoporosis
Yes No Varicose veins
Yes No Contagious diseases
Yes No Any broken bones in the past two years
Yes No Any accidents/injuries in the past two years
Yes No Frequent stress
Yes No Back pain
Yes No Frequent headaches

Comments:

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment, and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

Client Signature: Date:

Practitioner Signature: Date:

Consent to Treatment of Minor: By my signature below, I hereby authorize to administer massage, bodywork, or somatic therapy techniques to my child or dependent as they deem necessary.

Signature of Parent or Guardian: Date: