New Client Form

Client Information Date _____

Name _____ Email _____

Phone (Cell) _____ Phone (Home) _____

Address _____

City _____ State _____ Zip _____

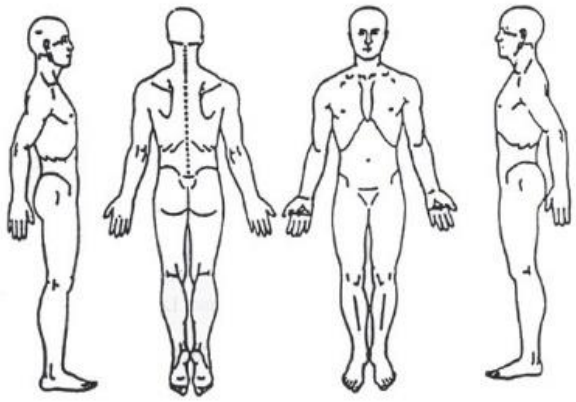
Date of Birth _____ Occupation _____

Emergency Contact _____ Phone _____

To help plan a safe and effective massage session, please answer the questions to the best of your knowledge.

1. Have you had a professional massage before? Yes ☐ No ☐
   If yes, when was your last one? _____ How often do you receive massage therapy? _____
2. Do you have any difficulty lying on your front, back, or side? Yes ☐ No ☐
   If yes, please explain_____
3. Do you have any allergies to oils, essential oils, lotions, or ointments? Yes ☐ No ☐
   If yes, please explain_____
4. Do you have sensitive skin? Yes ☐ No ☐
5. Are you wearing any of the following? Contact lenses ☐ Dentures ☐ Hearing aid ☐
6. Do you sit for long hours at a workstation, computer, or driving? Yes ☐ No ☐
   If yes, please describe _____
7. Do you perform any repetitive movements in your work, sports, or hobby? Yes ☐ No ☐
   If yes, please describe _____
8. Do you experience stress in your work, family, or other aspects of your life? Yes ☐ No ☐
   If yes, how do you think it has affected your health?
   Muscle tension ☐ Anxiety ☐ Insomnia ☐ Irritability ☐ Other _____
9. Is there a particular area of the body experiencing tension, stiffness, pain, or other discomforts?
   Yes ☐ No ☐If yes, please identify _____
10. What goals do you have in mind for this massage session? Relaxation ☐ Stretching ☐ Tension Release ☐
    Other_____

Circle any specific areas you would like the massage therapist to concentrate on during the session.



Medical History

11. Are you currently under medical supervision? Yes □ No □
    If yes, please explain _____
12. Do you see a chiropractor? Yes □ No □ If yes, how often _____
13. Are you currently taking any medication? Yes □ No □
    If yes, please list _____
14. Please check any condition listed below that applies to you:

□ Contagious skin condition	□ Phlebitis
□ Open sores or wounds	□ Deep vein thrombosis/blood clots
□ Easy bruising	□ Joint disorder/rheumatoid arthritis/osteoarthritis/tendonitis
□ Recent accident or injury	□ Osteoporosis
□ Recent surgery	□ Epilepsy
□ Artificial joint	□ Headaches/Migraines
□ Sprains/Strains	□ Cancer
□ Current fever	□ Diabetes
□ Swollen glands	□ Decreased sensation
□ Allergies/Sensitivity	□ Back/Neck problems
□ Heart condition	□ Fibromyalgia
□ High or low blood pressure	□ TMJ
□ Circulatory disorder	□ Carpel Tunnel Syndrome
□ Varicose veins	□ Tennis elbow
□ Atherosclerosis	□ Pregnancy If yes, how many months? _____
□ Liver disease	□ Kidney disease

    Please explain any condition that you have marked above _____
    _____
15. Is there anything else about your health history that you think would be useful for your massage practitioner to know to plan a safe and effective massage session for you?
    _____
    _____

Consent

I, _____, understand that the massage I receive is provided for the primary purpose of relaxation and relief of muscular tension. I will immediately inform the therapist if I experience any pain or discomfort during this massage session. Only then can the therapist know how to make proper adjustments to meet my comfort level. Massage should not be considered a substitute for a medical examination, diagnosis, or treatment. I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment. I understand that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical, emotional, or mental illness. Since massage therapy may not be recommended for specific medical conditions, I have stated all my known medical conditions and honestly answered all questions. I agree to keep the therapist updated regarding any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so. I understand that any illicit or sexually suggestive remarks or advances I make will immediately result in the termination of the session. I also understand that the massage therapist reserves the right to terminate the massage immediately or decline services if necessary. I understand massage therapy involves maintaining touch and close physical proximity over time. Because of this, there may be an elevated risk of disease transmission, including COVID-19.

Client Signature _____ Date _____

Massage Therapist Signature _____ Date _____