

HEALING MECHANICS

Therapeutic Massage

Client Information

Name _____ Telephone # _____

Address _____

Email _____ Occupation _____

Emergency contact _____ Telephone# _____

Birthdate _____ Referred by _____

General and Medical Information

____ Male ____ Female

____ Yes Have you ever experienced a professional massage or bodywork session before?

____ Yes Have you been in an accident or suffered any injuries in the past 10 years?

____ Yes If "yes" to the previous question, are you on medication for this?

____ Yes Do you have cardiac or circulatory problems?

____ Yes Do you frequently suffer from stress?

____ Yes Do you experience frequent headaches?

____ Yes Are you pregnant?

____ Yes Do you suffer from arthritis?

____ Yes Are you wearing contact lenses?

____ Yes Do you have high blood pressure?

____ Yes Do you suffer from epilepsy or seizures?

____ Yes Do you suffer from joint swelling?

____ Yes Do you have varicose veins?

____ Yes Do you have any contagious diseases?

____ Yes Have you had surgery in the past 10 years?

____ Yes Do you have osteoporosis?

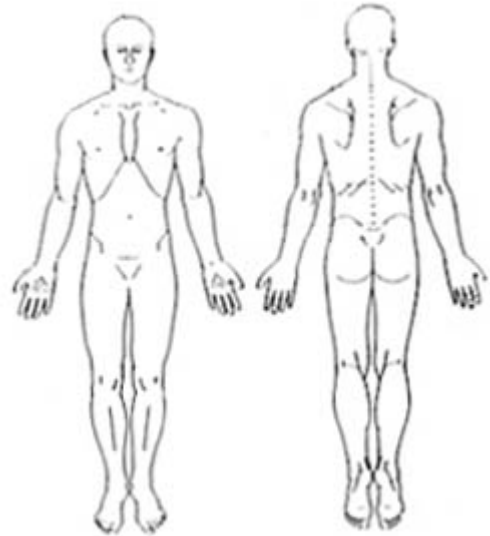
____ Yes Do you have any allergies?

____ Yes Do you bruise easily?

____ Yes Do you have any other medical conditions that I
should be aware of?

____ Yes Are you very sensitive to touch or pressure in any area? If yes, where?

Mark Areas of Concern



When did you last see a medical doctor? _____

What do you hope to achieve from this appointment? _____

I, the client, understand that massage therapists DO NOT diagnose illness, disease, or any other physical or mental disorder. Nothing that is said or done should be misconstrued as such. Massage therapy is not a substitute for medical examination and/or diagnosis. Because massage/bodywork is contraindication (should not be done) under certain medical conditions, I affirm that I have stated all my known medical conditions and shall take it upon myself to keep my massage therapist updated on my physical health. I also agree that there shall be no liability on the practitioner's part should I neglect to do so. It is also understood that any illicit or sexually suggestive remarks or advances made by me, the client, will result in immediate termination of the session, and I will be liable for payment in full.

Signature _____ Date _____