

Massage Patient History Form

The information on this form is confidential and can only be disclosed with the client's written permission or for a court of law. It is important that all the information is correct and up-to-date to ensure safe treatment.

Personal Data

Name _____ Date: _____

Address _____ Phone Number: _____

_____ Birthdate: _____

Email: _____

Primary Care Physician (name and location).

List of any medications, supplements, or natural remedies/herbs that you are currently taking:

Emergency Contact Information:

Name: _____ Phone Number: _____

Occupation: _____ Relation? _____

How did you hear about us? _____

Have you ever received a professional massage/bodywork before? YES NO

How much water do you drink a day? _____ glasses

General Medical Information:

Are you pregnant? YES NO If yes, how far along? _____

Any medical conditions we should be aware of?

Comments/explanations: _____

At any time during the massage, you may choose to stop or modify the treatment. If you have any questions or concerns, please talk with the massage therapist. During the treatment you will be draped with sheets. The draping will only uncover the area being worked on at the time. You may choose to remove or leave clothing according to your comfort level. You may experience soreness or discomfort the day after your massage. If this happens, it is important to let the therapist know so that your next treatment can be modified. Your therapist will have suggestions on how to prevent the discomfort from occurring.

I understand that massage or bodywork should not be construed as a substitute for medical treatment, and that I should see a physician, chiropractor, or other qualified medical specialist for any physical or mental ailment. I agree to keep all information up-to-date on all changes in my health and understand that there shall be no liability on the massage therapist'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 scheduled appointment. The massage therapist reserves the right to refuse service to anyone for any reason.

I have read, understood, and agree to massage therapy treatment.

Client

Signature: _____ Date _____