

Confidential Client Information Form

NAME: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Telephone Contact Number(s) _____

email Address _____

Occupation: _____ Age: _____ Date of Birth: _____

Main Reason for Appointment : i.e. stress relief, back pain, etc. _____

**How did you hear about this Clinic? Yellow pages Radio Newspaper Mail Out
Internet/website Referral by** _____

Please answer for following questions by **circling** the appropriate answer.

Have you had a professional massage before?.....Yes No

Have you suffered any acute injury within few weeks.....Yes(Type) _____ No

Do you have chronic back pain?.....Yes No

Do you have any spinal problems?Yes (Type) _____ No

Do you have frequent headaches?Yes No

Have you ever had cancer? ...Yes (Type) _____ No

Do you have arthritis?Yes _____ No

Have you had fever in the last 24 hours?Yes No

Are you pregnant? ...Yes - how far along? _____ No

Do you have any heart problems? ...Yes No or High blood pressure?.....Yes...No

Are you on any medication?(list what for) _____ No

Do you have varicose veins?.....Yes No or Blood clots?.....Yes No

Are you Diabetic?Yes - diet or insulin controlled No

Do you have pain which radiates down legs ...Yes No or arms? ... Yes No

Do you have chronic diarrhea ...Yes No or chronic constipation? Yes No

Do you have any other medical condition or allergy we should be aware of? (Please List) _____

In the last **12 hours**, have you taken any: **Pain killers..Y N...Muscle relaxers..Y N...Alcohol Y N**
I give permission to receive massage for the following areas of my body: (Please Circle)

Back Legs Arms Neck Head Face Abdomen Upper Chest Hips

I understand that the massage therapy given here is for the purpose of stress reduction, relief from muscular tension or spasm, or for increasing circulation. I understand that the massage therapist does not diagnose illness, disease, or any other physical or mental disorder. As such, the massage therapist prescribes neither medical treatment nor pharmaceuticals, nor performs any spinal manipulations. It has been made very clear to me that this massage therapy is not a substitute for medical examinations and/or diagnoses and that it is recommended that I see a physician for any physical ailment that I might have. Because a massage therapist must be aware of existing physical conditions, I have stated all my known medical conditions and take it upon myself to keep the massage therapist updated on my physical health. I agree to give advance notice if I must miss an appointment.

Signature: _____ **Date:** _____