



**Client Information**

*This confidential record will be kept in this office and will not be released to any person without your authorization.*

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_\_\_ Mobile Phone ( \_\_\_\_\_ ) Text Reminder  No  Yes

Email \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone ( \_\_\_\_\_ )

**I. Massage Therapy History**

Have you ever received a Professional massage?  No  Yes

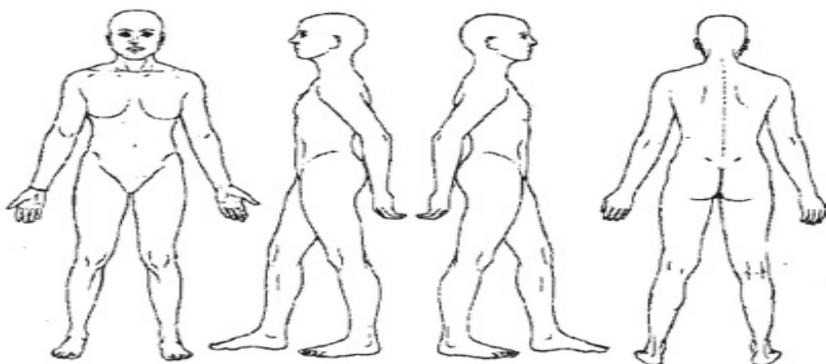
What is your goal for your massage therapy session(s)?

Overall health maintenance and relaxation  I have a specific concern (See Below)

**II. Specific Concern:**

**Please List:** \_\_\_\_\_  
 Symptom \_\_\_\_\_ Date of Onset \_\_\_\_\_

**Please circle any areas of pain or discomfort on the illustration**



**Mark "X" on location if applicable**

- Cuts, burns, bruises
- Varicose Veins
- Irritated skin rash
- Sunburn
- Inflammation
- Headache
- Sensitive Skin
- Fever
- Cold, flu
- Other \_\_\_\_\_

**III. Specialty Services**

This office includes specialty services including Cupping, Aromatherapy, & Thermal Pillows. Is it okay if these services are used during your session.  No \_\_\_\_\_  Yes \_\_\_\_\_

I understand that services such as ashatsu, steams, cupping, thermal pillows, and aromatherapy should not be used under certain medical conditions and I will report my medical history accurately in the next section. I have been shown the services waiver to review.

**IV. Medical History**

Please check all that apply

- Contagious Skin Condition
- Diabetes
- Heart Disorders
- Osteopenia/perosis
- Inflammatory Conditions
- Epilepsy/Seizures
- Stroke
- Blood Clots

- High Blood Pressure
- Allergies \_\_\_\_\_
- Depression
- Cancer \_\_\_\_\_
- Surgical or Cosmetic implants
- Stress
- Blood Clots
- Kidney Failure/Conditions

- \* Any Joint Replacements?  No  Yes If yes, which joint(s)? \_\_\_\_\_
- \* Any Disc Bulge or Herniations?  No  Yes If so, where? \_\_\_\_\_
- \* Any conditions that affect ability to feel pressure/cause bruising?  No  Yes \_\_\_\_\_
- \* Are you pregnant or trying to become pregnant?  No  Yes Weeks \_\_\_\_\_ Due Date: \_\_\_\_\_

**V. Surgical History: list any surgeries and the date/year of surgery.**

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

**VI. Medications**

Please list medications you are currently taking:

\_\_\_\_\_

Please provide any other information that you think is relevant for me to know in order to treat you safely and effectively:

\_\_\_\_\_

\_\_\_\_\_

**VII. Client Agreement - Please Read Carefully**

1. 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.
2. 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.
3. 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.
4. 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.
5. I also understand that any illicit or sexually suggestive remarks or advances made by me constitute harassment and will result in immediate termination of the session and I will be liable for full payment of the scheduled appointment.
6. I understand a complete list of office policies is available to read in the treatment area or online at [www.tsrmassage.com](http://www.tsrmassage.com) which includes late or missed appointment policies and client and therapist expectations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_