

Confidential Client Information and Health History

First name: _____ M.I. _____ Last name: _____
Address: _____ Zip: _____
Phone (h): _____ (w): _____ (c): _____
Email address: _____ Date of Birth: _____ Age: _____
Employer: _____ Occupation: _____
Emergency contact person: _____ Phone: _____ relationship: _____
Marital status: _____ Referred by: _____

Do we have your permission to contact your other health care providers if necessary? Yes No
Signature: _____

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Is this your first professional massage? _____ If no, how frequently do you receive a massage? _____

What do you hope to accomplish today? _____

Are you aware of where you hold your tension in your body? _____ Where? _____

Please describe any surgeries, hospitalizations, accidents or injuries.
Less than 5 years ago:

More than 5 years ago:

What kind of care did you receive? _____

Do you feel you have recovered from these events? Please explain: _____

Do you have any chronic, ongoing pain you are dealing with? Please explain: -

Are you receiving any type of medical treatment? _____

Name and type of practitioner: _____ Phone number: _____

Please list any medications (pharmaceutical, herbal, vitamins) taken now or at regular intervals. Please also include an explanation of what the condition it is used to treat:

Are there other health issues you would like to discuss today? Please describe:

Are there any areas you do NOT want me to massage today? _____

Please indicate if you have any of the following: hearing aids dentures contact lenses
Implants: hair pacemaker breast norplant face other _____

INFORMED CONSENT FOR MASSAGE

I, _____, am voluntarily wishing to experience a session(s) of therapeutic bodywork session by either Jane Kauffman-Marinelli or Dawn Blais.

I understand that massage therapists do not diagnose illness, prescribe medications or make spinal adjustments. I further understand that massage is not a substitute for medical care or treatment.

I have alerted my therapist to any conditions I have which may affect the work, and have disclosed all medications (herbal or pharmaceutical) that I am currently taking. I further agree to update my practitioner to any changes in my mental, emotional or physical health.

I am seeking therapeutic massage of my own accord for the purposes that massage is intended. Such purposes include but are not limited to relaxation, stress management, release of muscular tension, improved circulation and/or improved range of motion.

I understand and have had explained to me the procedure, benefits, and contraindications for massage and the side-effects which may occur as a result of massage.

Signature: _____ Date: _____

CANCELLED AND MISSED MASSAGE APPOINTMENTS

Please understand that your time commitment begins at the moment you reserve a massage. Please consider your schedule carefully and don't commit to a time that you feel may be questionable. There are times when a cancellation is necessary--please give advanced notice whenever possible. Missed or cancelled appointments that are not due to medical emergencies without twenty-four (24) hour notice will be charged in full for the missed session.

I have read and understand the above policy.

Signature: _____ Date: _____