

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Emergency Number: \_\_\_\_\_ Name of contact: \_\_\_\_\_

Referred by, if applicable: \_\_\_\_\_

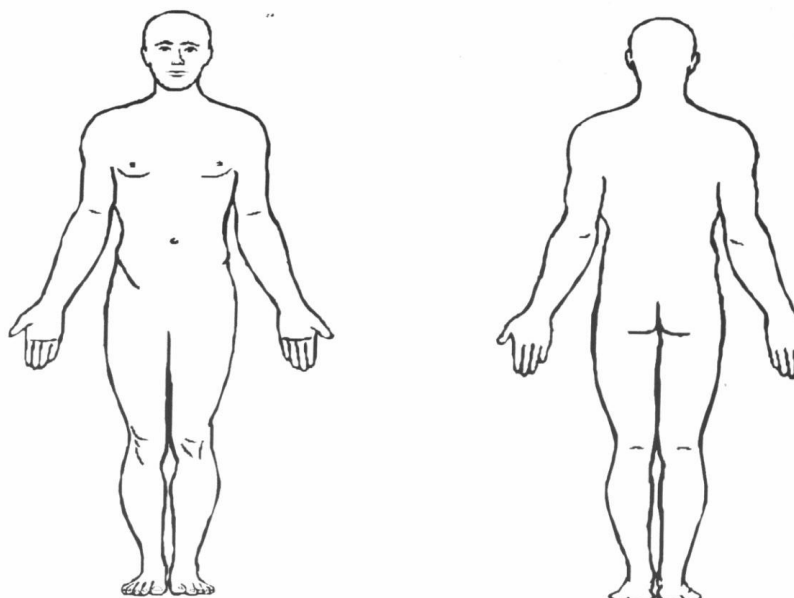
Have you've had a professional massage before? \_\_\_\_\_ How often? \_\_\_\_\_

**Surgeries / Injuries:**\* Is this massage for a medical condition (or injury)? ☐ YES ☐ NOIf so, **what** is the medical condition (or injury) and **when** did it occur or was diagnosed?For this medical condition (or injury), have you had an MRI? ☐ YES ☐ NO

If yes, when was the MRI done? \_\_\_\_\_

Also if so, do you have a doctor's release clearing you for a massage regarding this medical condition (or injury) ? ☐ YES ☐ NO**Medication:** \_\_\_\_\_

Please circle any areas that you are experiencing pain or tension.



Please Read Below and Sign:

1. I understand that this massage is not a replacement for medical care and that no diagnosis will be made.
2. The therapist may incorporate Swedish, Myofascial Release, and Stretching during the massage session.
3. A full body massage will be performed by the massage therapist unless noted as a contraindication.
4. Draping will be used during the session.
5. If for any reason, I (the client), may ask the massage therapist to cease the massage and the massage therapist will end the massage.
6. The massage therapist will not engage in breast massage on female clients.

(continued on page 2)

I understand and agree to the six terms stated above.

➔ **Signed:** Client \_\_\_\_\_ Date: \_\_\_\_\_ Massage Therapist \_\_\_\_\_

**For Therapist below:**

S:

O:

A:

P: