

Name:

Phone:

Date of Birth:

Occupation:

Referred by:

How did you hear about us?

Massage for Medical Condition?

- Yes
- No

yes, what condition and when did it occur or was diagnosed?

If yes, do you have a doctor's release to get a massage for this condition?

What area(s) are you having pain or tension?

Likes or Dislikes regarding massage?

Please read below and indicate that you've read the following:

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

Client:

Date: