



CLIENT INFORMATION RELEASE FORM

Name: _____

Address: _____

Phone: _____ Date of Birth: _____

Referred by: _____

In case of emergency:

Name: _____

Phone: _____

YES

NO

General & Medical Information

☐☐

Have you ever had a professional massage session?

☐☐

Do you frequently suffer from stress?

☐☐

Do you experience frequent headaches?

☐☐

Are you pregnant?

☐☐

Are you wearing contact lenses?

☐☐

Are you a diabetic?

☐☐

Do you have high blood pressure?

☐☐

If YES to above, are you taking any medication for this? _____

☐☐

Are you epileptic?

If answered YES to any question in this section, please explain as clearly as possible:

☐☐

Have you ever had surgery?

☐☐

Have you had any broken bones in the past two years?

☐☐

Do you have any tension or soreness in a specific area?

☐☐

Do you have cardiac or circulatory problems?

☐☐

Do you suffer from back pain?

☐☐

Do you have any numbness, or stabbing pains anywhere?

☐☐

Do you have any other medical condition I should be aware of?

☐☐

Are you very sensitive to touch / pressure in any area?

Any questions answered YES to, will be discussed prior to your session. Thank you!

Please take a moment, read the following information, and sign where indicated:

Name: _____

I understand that the massage / bodywork I receive is provided for the basic purpose of relaxation, stress reduction, 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.

I further understand that massage / 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 and physical ailment that I am aware of.

I understand that massage therapists / bodyworkers are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat and physical mental illness, and that nothing said in the course of the session(s) given, should be construed as such.

Because massage / bodywork is contraindicated (should not be done) under certain medical conditions, I affirm that I have stated all my medical conditions, and answered all questions honestly. 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 forget to do so.

It is also understood that illicit or sexually suggestive remarks or advances made by me will result in immediate termination of session, and I will be liable for the 'full' scheduled appointment.

Signed: _____

Date: _____

Practitioner: _____

Date: _____