



MESSAGE CLIENT INFORMATION

Name: _____

Address: _____ City: _____ State: ___ Zip: _____

Telephone: _____) _____ Alternate # _____) _____

Date of Birth: ____/____/____ Email: _____

Occupation: _____ Male/Female: _____ Age: _____

Please take a moment to read carefully the following information and sign where indicated. If you have a specific medical condition or specific symptoms, massage/body work may be contraindicated. A referral from your primary care provider may be required prior to service being provided.

Have you ever experienced a professional massage or bodywork session? How recently? _____

If you answer "yes" to any of the following questions, please explain as clearly as possible:

Y N Do you frequently suffer from stress?

Y N Do you have Diabetes?

Y N Do you experience frequent headaches?

Y N Are you pregnant?

Y N Do you suffer from arthritis?

Y N Are you wearing contact lenses?

Y N Are you wearing dentures?

Y N Do you have high blood pressure? If so, are you taking medication? _____

Y N Do you suffer from epilepsy or seizures?

Y N Do you suffer from joint swelling?

Y N Do you have varicose veins?

Y N Do you have any contagious diseases?

Y N Do you have osteoporosis?

Y N Do you have any allergies?

Y N Do you bruise easily?

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

Y N Have you been in an accident or suffered any injuries in the past two years?



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

Please specify: _____

Y N Do you have cardiac or circulatory problems?

Y N Do you suffer from back pain?

Y N Do you have numbness or stabbing pains anywhere?

Y N Are you very sensitive to touch or pressure in any area?

Y N Have you ever had surgery? What for? _____

Do you have any other medical conditions or are you taking any medications I should know about?

Please explain: _____

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.. I further understand that the 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. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, or 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. 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. I understand that any illicit or sexually suggestive remarks or advances made by me will result in termination of the session, and I will be liable for payment of the scheduled appointment. I also understand that I am to give at least 24 hours notice if I am to cancel or reschedule my appointment, and that cancellations or no-shows for appointments that are less than 24 hours before the scheduled appointment will result in a \$20 cancellation fee which I am to pay to Wellness Choice Center.

Client Signature: _____ Date: _____