A Therapeutic Effect

Personal Data

Patient's Name: _____ **Today's Date:** _____

Address: _____ **Phone Number:** _____ preferred — OK to leave message? **Y or N**

_____ _____ other — **Y or N**

** Please indicate best number for us to call should we need to cancel an appointment due to weather, illness, or other emergency **

email: _____

How should we confirm your appointments? **Automated Text** and/or **Automated Email** (please circle)

Date of Birth: ____ / ____ / ____ (month / day / year) **Sex:** Male ☐ Female ☐ Transgender ☐

Occupation: _____ **Referred by:** _____

Emergency Contact: _____ **Phone Number:** _____ preferred — OK to leave message? **Y or N**

Relationship: _____ _____ other — **Y or N**

Are you currently under a Physician's care? Yes No

If yes, please explain: _____

Please list and date any past or present injuries, accidents, or medical treatment including surgeries:

_____

_____

Are you pregnant? Yes No ***If yes, some services may not be administered.***

Please list all known allergies: _____

Please list all medications and supplements you are taking: _____

_____

CANCELLATION POLICY

If you are unable to keep your appointment - for any reason - please give us as much notice as possible. For appointments broken with less than 24 hours notice, we reserve the right to charge 50% of the standard fee. Appointments that "no show" will be charged in full to cover the therapist's time.

Massage New Client Information **Client Name:**_____

Have you previously had a massage? ☐ **No** ☐ **Yes** **How often?** _____

Present Symptoms (What is your major complaint or what would you like to improve?):

_____

_____

How long have you had this condition? _____

Do you have any of the following conditions? (Please CIRCLE all that apply)

Neck / Spine Injury	Back Pain	Sciatic / Leg Pain	Sports Injuries
Headaches	Arthritis	Varicose Veins	PMS / Painful Menstruation
Depression	Anxiety	High Blood Pressure	Skin Disorder
Diabetes	Fibromyalgia	Allergies	HIV Positive
Cancer	Easy Bruising	Acute Pain	Other Infectious Disease
Pregnant or Trying to Become Pregnant		Other (Please Explain):	_____

If you are pregnant or trying to become pregnant and have previously miscarried, massage is contraindicated in the first trimester.

Do you wear ☐ contact lenses ☐ hearing aids, or ☐ dentures?

I have read the above information and discussed it with my Massage Therapist. I understand Massage Therapy does not replace medical treatment or medications. It is a form of health and wellness maintenance utilizing techniques of traditional therapeutic body work. I agree to update my Massage Therapist of any changes in my health or any conditions I may have. I am aware that the Massage Therapist does not diagnose disease, prescribe medication, or manipulate bones.

Signature: _____ **Date:** _____