Massage Client Information Form

Name
Address
Primary Phone
Occupation
Date of Birth
What is your goal for today's session?

Please circle the appropriate response and provide descriptions where needed:

Yes No Have you had a professional massage?
~ If yes, how frequently? When was your last massage?

Yes No Do you have any skin problems or allergies to oils or lotions?
Yes No Have you had any accidents or injuries within the last 3 years?
~ If yes, please list:

Yes No Do you wear contact lenses?
Yes No Do you wear dentures?
Yes No Do you wear a hearing aid?
Yes No Do you take any prescription medications?
~ If yes, please list medication & use:

Yes No Do you have allergies or breathing problems?
~ If yes, please describe:

Yes No Do you have heart problems?
Yes No Do you have blood pressure problems?
Yes No Do you have blood clots or a history of blood clots?
Yes No Are you under care for any circulatory problems?
~ Aneurysm, varicose veins, phlebitis, hardening arteries

Yes No Do you have arthritis?
Yes No Do you have spinal problems?
Yes No Do you have sciatic problems?
Yes No If female, are you pregnant?
~ If yes, which trimester?

Yes No Do you exercise regularly? What activities and what frequency?
Yes No Are there any other medical conditions we should be aware of before your massage?

I understand the massage given here is for the purpose of stress reduction, relief from muscular tensions or spasm, for increasing circulation and energy flow. I understand the massage practitioner does not diagnose illness, disease, or other physical or mental disorder. As such, the therapist does not prescribe medical treatment or pharmaceuticals, nor perform spinal manipulations. I understand massage is not a substitute for medical examinations and diagnosis, and that it is recommended to see a physician for any physical ailment I may have. Because a massage practitioner must be aware of existing conditions, I have stated all of my known medical conditions and take it upon myself to keep the practitioner updated on my physical, mental, and emotional health.

Signature _____ Date _____