

CONFIDENTIAL CLIENT INFORMATION

Name: _____ Age: _____ Birth Date: _____
Address: _____ City: _____ State: _____ Zip: _____
Occupation: _____ Phone (W): _____ (H): _____
E-mail address: _____ Website: _____
Referred by: _____ Allergies to oil or fragrances: _____
Any injuries or accidents: _____ Describe: _____
Pins or Wires in your body: _____ Taking any medications and/or herbs: Y / N
Please list: _____
Areas of complaint or tension: _____
Primary reason for appointment: _____ Contact Lenses: Y / N

Please check all conditions listed below which may pertain to you. Use a P to indicate *past* conditions and a C to indicate *current* conditions.

_____ Arthritis	_____ Stress/Fatigue	_____ Varicose Veins
_____ Insomnia	_____ Spinal Problems/Backaches	_____ Numbness
_____ Heart Problems	_____ Recent Surgery	_____ Diabetes
_____ Tuberculosis	_____ Asthma/Sinuses	_____ Neck/Spine Injury
_____ Blood Clots/Phlebitis	_____ Osteoporosis	_____ Allergies
_____ Blood Thinner	_____ Fibromyalgia	_____ Knee Replacement
_____ Headaches/Migraines	_____ Hip Replacement	_____ Cancer
_____ High/Low Blood Pressure	_____ Thrombosis	_____ Pregnancy
_____ High/Low Blood Sugar	_____ Stroke	_____ Skin Problems
_____ Sciatica	_____ Edema (water retention)	_____ Depression

Do you have any other medical conditions that I should be made aware of?

Stress Level (1 - very low to 5 - very high)

1 2 3 4 5 Explain: _____

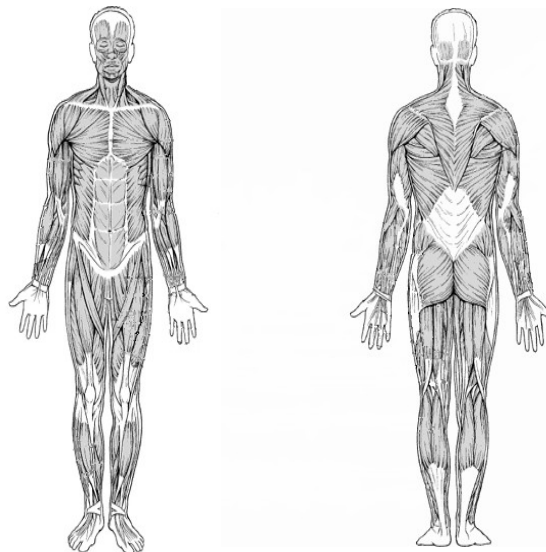
Have you received body work before?

Y / N What Kind? _____

Depth of pressure desired?

_____ Light _____ Medium _____ Deep

On the figure to the right, please indicate any areas where you are feeling tightness, tension or pain.



I _____ have read the above information and have stated all of my known medical conditions. I understand that the massage therapy given here is for the purpose of stress reduction, relief from stiff joints, relief from muscular tension or spasms to increasing circulation and energy flow. I understand that the message therapist does not diagnose illness, disease, or any other physical, medical or mental disorder. I take it upon myself to update my massage therapist regarding any changes in my physical, medical, and mental condition.

Signature: _____ Date: _____

Therapist's Signature: _____ Date: _____