

Confidential Client Information Form

Name _____ Today's Date _____

Address _____ City _____ State _____ Zip _____

Phone: (h) _____ (c) _____ (wk) _____

Emergency contact _____ Emergency # _____

Email _____ Occupation _____

Birth date _____ Blood Type _____

Are you receiving healthcare? (Medical, Chiropractic, Homeopathy, Acupuncture, etc.)

Do you currently have, or have you had in the past, any of the following conditions: (This information is strictly confidential and may be very important to your therapy.)

- | | | |
|---|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Injuries | <input type="checkbox"/> Inflammation |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Skin Problems | <input type="checkbox"/> Recent Surgery |
| <input type="checkbox"/> Varicose Veins | <input type="checkbox"/> Numbness or Tingling | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Cancer (history) | <input type="checkbox"/> Athletes Foot |
| <input type="checkbox"/> Allergies (skin, scent, nut, mold) | <input type="checkbox"/> Blood Clots | <input type="checkbox"/> Other |

Please list any medications you are currently taking _____

Do you need dental work? _____

Do you have any complications with your teeth or gums? _____

Are you pregnant or trying to become pregnant? Yes ___ No ___

Have you been ill recently? Yes ___ No ___

Previous massage/bodywork experience? Never ___ Occasionally ___ Often ___

Please check: Swedish ___ Deep Tissue ___ Sports Massage ___ Myofacial ___ Other ___

=====
I understand that: massage therapy involves neither diagnosis nor treatment of any condition, and is not a substitute for medical care. Draping will be used at all times; neither my breasts (female) nor genital areas will be massaged; I may itemize here any areas of my body which I wish to be avoided, and these will be avoided (itemize here if relevant _____); If I am uncomfortable for any reason I may request the therapist to end the session, and the session will be ended.

Signature _____ Date _____