

CLIENT PROFILE FORM

Name: _____
Bus.Ph.: _____ Res. Ph.: _____
Email _____
Address: _____
City: _____ State: _____ Zip: _____
Who referred you? _____

Do You: Bruise easily Wear Contact Lenses
 Suffer from Stress
 Back Pain Pregnant Skin Disorders Any Tension or Soreness?
 Any Surgery or Injuries in the last two years?
 Numbness Stabbing pain anywhere: _____
 Sensitive to Touch or Pressure in any area: _____
 Any Medical Conditions I should be aware of: _____

Medical: Are you currently or within the last year under any Doctors care?

No Yes -Explain: _____

Comments _____

Health Problems: Epilepsy or Seizures High/Low Blood Pressure
 Cancer Arthritis Joint Swelling
 Heart Varicose Veins Contagious Diseases
 Allergies Headaches Cardiac or Circulatory Problem

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

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 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 that I am aware of. **I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, 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 forget to do so. **It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session,** and that I will be liable for payment of the scheduled appointment.

Client Signature

Date
