Massage Health History

Name_____Date_____

Referred by_____

Address_____

City_____State_____ Zip Code_____

Date of Birth_____ Email Address_____

Home Phone_____ Cell Phone_____

Occupation_____

Have you ever had a professional Massage?_____ Pressure Preferred?_____

List your main areas of tension: _____

Are you seeing a Physician or Chiropractor for any reason?_____

Please check if you are experiencing or have experienced any of the following conditions:

___ Skin condition (acne, rash, allergies, skin cancer other:_____)
___ Allergies (pollens, molds, chemical sensitivity, pet hair, dander other:_____)
___ Lymphatic conditions (swollen glands, lymphoma, lymphedema, other:_____)
___ Recent injury (whiplash, sprain, deep bruise, other:_____)
___ Circulatory condition (heart disease, varicose vein, phlebitis, arrhythmias, arteriosclerosis other:_____)
___ Joint problems, pain or stiffness (osteoarthritis, rheumatoid arthritis, gout, hyper mobile joints, sacroiliac, other:_____)
___Bone conditions (osteoporosis, previous fracture, cancer, other:_____)
___ Headaches (migraines, PMS, tension, cluster, other:_____)
___ Emotional difficulties (depression, anxiety, psychotic episodes, other:_____)
___ Stress
___ Previous surgery, please list type and date:_____)
___ List any medications you are currently taking:_____)
___ Pregnant (or trying to get pregnant)

Agreements and Acknowledgments

Please carefully read and sign the following agreements and acknowledgements

1. Practitioner is not trained or licensed to provide medical treatment, diagnose, prescribe medications, perform spinal or other joint manipulations, nor any service for which a license to practice medicine, chiropractic, naturopathy, physical therapy or podiatry is required by law.

2. Practitioner makes no claims, representations or guarantees about specific results.

3. Client understands there are remote risks associated with this work. Client acknowledges Practitioner will not be responsible for any injury arising because of some unreported condition and/or concern.

4. Client acknowledges that a 24-hour notice is required for any cancellations of appointments.

5. Client acknowledges and agrees to remit 100% of the session fee if client fails to appear for the appointment (no show).

6. Client acknowledges that if he/she is late for an appointment, the session length will only amount to the balance of the originally scheduled session.

7. Client acknowledges that the massage is given in a strictly non-sexual manner.

8. Client releases ALISON CLUKEY from all claims listed above.

Client Signature_____Date_____