



New Client Form

Name: First _____ Last _____

D.O.B: ____ / ____ / ____

Occupation: _____

Phone: _____ Email: _____ Referred By: _____

Street Address _____

Would you like to receive discounts for your birthday, anniversary and special offers via E-mail? Yes No

MESSAGE INFORMATION

First Professional Massage: Yes No

How often do you have a massage: _____

MEDICAL INFORMATION

Please list accidents/injuries, hospitalizations & surgeries: _____

Any lingering effects from the above or do you feel you have fully recovered: _____

CURRENT CONDITION: (Please Circle)

Tension/Pain in: Neck Low-back Mid-back Upper-back Hip Arm Leg Shoulder Wrist/Hand

Activities/Exercise (how many times per week): _____

Sitting at a computer (hours/day): _____

HISTORY: (Please Circle)

Musculoskeletal: Osteoporosis Arthritis Hypothyroidism Gout Bursitis TMJ Tendonitis

Whiplash **Respiratory:** Asthma/Breathing Problems Sinusitis

Circulatory: Heart Problems Stroke Hypertension Low Blood Pressure Varicose Veins Blood Clots/Phlebitis

Skin: Fungal Infections Athlete's Foot Eczema/Dermatitis Psoriasis Easily Irritated Skin

Nervous System: Dizziness Multiple Sclerosis Parkinson's Disease Spinal Cord Injuries

Seizures/Epilepsy **Other:** Diabetes Pregnancy Cancer HIV/AIDS High Stress Grieving Anxiety/Panic Attacks Poor Sleep/ Insomnia Allergies affecting



Client Consent: Techniques to be used may include Swedish, Deep Tissue, Trigger Point, Reflexology, Joint Range of Motion Techniques and stretches, Energy work, Lymphatic Drainage, Shiatsu and Cranial Sacral.

I understand that: Massage therapy or bodywork should not be construed as a substitute for medical examination, diagnosis or treatment of an illness. I take responsibility for consulting with my physician for any ailment or condition of concern to me. Massage therapy/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 should be construed as such. I understand that my feedback is an essential element in my treatment. I have the right to terminate the session at any time, regardless of the reason. Therapeutic bodywork and massage include treatment to face, neck, shoulders, back, arms, buttocks, hip flexors, legs (front & back), pectorals, abdominals, ribs, hands and feet. In a professional relationship, sexual intimacy between therapist and client is never appropriate and should be reported to the Texas Department of State Health Services (www.dshs.state.tx.us) and any other complaints deemed necessary. **Massage to the breasts of females will not be engaged unless a written consent is signed.** I understand that draping is to be used, preferred method is to be covered at all times, meaning only the body part being massaged will be exposed, no exceptions. In some cases, such as stretching and movement exercises, you will be asked to wear workout clothes or a swimsuit. Your modesty will be honored at all times. **I have read and understood this Client Intake and Health History Form in its entirety.** If at any time there are changes in the information given, or in my condition, I will notify the therapist and update this form before receiving additional massage. I have stated all my known medical conditions and have answered all the questions honestly. I understand that any information exchanged during a massage session is confidential and is only used to provide me with the best health care services. The massage/bodywork treatment I am requesting is for the purpose of relaxation, stress reduction, relief from muscle tension or spasm, to improve range of motion, circulation or energy, and to receive a positive experience of touch. If I experience any pain or discomfort during the massage session, I will immediately communicate that to the therapist so that treatment can be adjusted accordingly.

I hereby agree and abide by the regulations applicable to making a massage appointment. I have reviewed this form and the information contained in my Client Intake and Health History with the massage therapist and I consent to receive massage

Client Signature: _____ Date _____

LMT Signature: _____ Date: _____