

# NEW MASSAGE MEMBER FORM

## PLEASE PRINT LEGIBLY

Name: \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone: Home/Cell \_\_\_\_\_ Work \_\_\_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_

Occupation \_\_\_\_\_ Referred to this office by \_\_\_\_\_

In Case of Emergency \_\_\_\_\_ Phone \_\_\_\_\_

## General and Medical Information

**Y N** Have you ever had a professional massage before? If yes, how often \_\_\_\_\_

**Y N** Are you pregnant? If so how far along are you? \_\_\_\_\_

**Y N** Are you sensitive to touch/pressure in any area? (ticklish) \_\_\_\_\_

**Y N** Are you allergic or sensitive to any oils (essential oils, nut oils, scents)? If yes please list:

\_\_\_\_\_

List of current medications and reason:

\_\_\_\_\_

List of Surgeries (type and date):

\_\_\_\_\_

## Indicate Areas of Pain/Tension:

On a scale from 1-10 10=highest, rate your levels of Stress \_\_\_\_\_ Pain \_\_\_\_\_ Energy \_\_\_\_\_

How did your symptoms begin and when did they start? \_\_\_\_\_

What have you done for relief? \_\_\_\_\_

Is the condition getting better or worse? \_\_\_\_\_

## Please check all that apply

- Skin condition-rash, warts, hives, skin cancer other \_\_\_\_\_
- Lymphatic condition-swollen gland, nasal congestion, lymph edema
- Joint Problems/stiffness-arthritis, sacroiliac problems, TMJ, other
- Bone Condition-osteoporosis, fracture, other \_\_\_\_\_
- Headaches
- Recent Injury or accident- whiplash, sprain, bruise other \_\_\_\_\_
- Circulatory condition-high blood pressure, varicose veins, blood clots, Diabetes
- Numbness/ Tingling Sciatica
- Tendonitis/ burstitis

## **Massage Client Waiver Form**

Please take a moment to read and initial all of the following statements:

\_\_\_\_\_ If I experience pain or discomfort during the session, I will immediately inform my therapist so that pressure/strokes can be adjusted to my level of comfort. I will not hold my therapist responsible for any pain or discomfort I experience during or after the session.

\_\_\_\_\_ I understand that the services offered today are not a substitute for medical care. I understand that my therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat physical or mental illness

\_\_\_\_\_ I affirm that I have notified my therapist of all known medical conditions and injuries.

\_\_\_\_\_ I agree to inform the therapist of any changes in my health and medical condition. I understand that there shall be no liability on the therapist part should I forget to do so.

\_\_\_\_\_ I understand that massage is entirely therapeutic and non-sexual in nature

\_\_\_\_\_ By signing this release, I hereby waive and release my therapist from and all liability, past present and future relating to massage therapy and bodywork.

\_\_\_\_\_ I understand that should I cancel an appointment less than 24 hours before the scheduled time or “no show” an appointment, I am subject to a fee equal to the cost of the missed appointment. This fee is monetary & can't be taken as an additional “punch” off a massage package card. If the appointment was booked under a gift certificate, it will be voided in lieu of the fee.

### **Information and Suggestion**

- Prior to your massage, please remove all jewelry. Pull long hair back with a clip or band.
- In general, massage is given while you are unclothed. However, you may choose to wear undergarments or a swim suit. You will be covered with the top sheet and blanket throughout your session. This is your massage session and you should be as comfortable as possible.
- Feel free to ask your therapist any questions before, during, or after the session. Your therapist is a highly trained professional and will be happy to make you feel informed and comfortable.

I give my permission to receive massage therapy treatments to improve my current health status. Any changes from the above in my health status should be reported to my massage therapist prior to any subsequent treatments. I further understand that the massage therapist is unable to diagnosis any symptoms

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_

