

**Massage Therapy
Patient / Client Information Form**

<hr/> Name	/ /
<hr/> E-Mail	<hr/> Date of Birth ()
<hr/> Address	<hr/> Home Phone ()
<hr/> Referred By	<hr/> Work Phone ()
	<hr/> Cell Phone

Status

Student Single Married Widowed Divorced

Please provide the following information to the best of your knowledge. Any information provided will be considered confidential. This information is necessary for the safety of both yourself and your massage therapist, and will greatly aid in the most appropriate evaluation of your condition and the recommendations for your treatment. We use a combination of techniques to free our clients from pain including but not limited to: Swedish massage, myofascial release, range of motion technique, therapeutic exercise, stretching, cupping, breathing, and deep tissue.

Do you have any illness or injuries? Please explain (There is also a more detailed questionnaire regarding your medical condition on the reverse side of this form. Please take a moment to complete that as well):

Are you currently taking any medications? Y N if yes, please list:

Policy Agreement

You will be draped during the massage for your safety and comfort, and only the part of the body being worked will be exposed. If at any time you are uncomfortable with any aspect of the massage, whether it be draping, the amount of pressure used, or even the room temperature, please feel free to communicate this to your therapist. It is important that you feel comfortable in order to receive the full benefit of massage. Breast massage of female clients is prohibited unless we receive medical orders from your physician along with clients written consent.

All massage services provided are strictly non-sexual. Your therapist will end the session if at any time behavior becomes inappropriate. If you feel uncomfortable at any time you may ask your therapist to end the session. Full payment for entire session will still be required.

This office maintains a 24-hour cancellation policy. If there is a situation that prevents you from notifying this office of your need to reschedule within 24 hours prior to your scheduled appointment, our policy is to expect full payment for any missed session.

We ask that you arrive to your scheduled appointment on time. We schedule enough time in between appointments to allow for evaluation and discussion with each client. If we need to start your session late because you did not arrive on time, we will still need to *end* your session at the scheduled completion, so that we may provide the next client the same amount of attention. We will also require full payment for your scheduled session.

I understand and agree to the terms of this agreement:

Signature	Date
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Office Use:	
<hr/> Therapist Signature	<hr/> Date