

Client Information - Health Information

Name: _____

Home Phone: (____) _____ Work: (____) _____ Cell: (____) _____

Address: _____

City: _____ State: _____ Zip: _____ Date of Birth: _____

Email: _____ Age: _____

Occupation: _____ Physician: _____

Please tell us how you heard about Revitalizing Massage _____

(Circle YES or NO) Please Explain 'Yes' Answers

- | | |
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| <p>YES NO Do you have disc problems?</p> <p>YES NO Do you frequently suffer from stress?</p> <p>YES NO Do you have diabetes?</p> <p>YES NO Do you experience frequent headaches?</p> <p>YES NO Are you pregnant?</p> <p>YES NO Do you suffer from arthritis, bursitis or gout?</p> <p>YES NO Are you wearing contacts or any other prosthesis?</p> <p>YES NO Do you have high blood pressure?</p> <p>YES NO Do you have abdominal pain?</p> <p>YES NO Do you suffer from epilepsy or seizures?</p> <p>YES NO Do you suffer from joint swelling?</p> <p>YES NO Do you have any broken bones?</p> <p>YES NO Do you have varicose veins?</p> <p>YES NO Do you have any contagious disease?</p> <p>YES NO Do you have osteoporosis?</p> <p>YES NO Do you have allergies?</p> <p>YES NO Do you bruise easily?</p> <p>YES NO Do you have cancer?</p> <p>YES NO Do you suffer from back pain?</p> <p>YES NO Do you exercise regularly?</p> | <p>YES NO Are you taking any medications or drugs at this time?
If yes, please list _____</p> <p>YES NO Have you had any broken bones in the past two years?</p> <p>YES NO Have you been in an accident or suffered any injuries in the past two years?</p> <p>YES NO Do you have tension or soreness in a specific area?
Explain _____</p> <p>YES NO Do you have cardiac or circulatory problems?</p> <p>YES NO Do you have numbness or stabbing pains anywhere?
Explain _____</p> <p>YES NO Are you sensitive to touch or pressure in any area?
Explain _____</p> <p>YES NO Do you have any other medical condition not listed?
Explain _____</p> <p>YES NO Have you had surgery? Explain _____</p> <p>YES NO Do you have any open cuts, bruises, burns or irritated skin rash?</p> <p>YES NO Do you have a cold / influenza?</p> <p>YES NO Have you consumed alcohol in the past 24 hours?</p> <p>YES NO Have you experienced professional massage before? Date _____</p> |
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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 I will be responsible for financial payment for any scheduled appointment. Including full payment for scheduled appointments which are not canceled 24 hours in advance. I understand that Revitalizing Massage and the massage practitioner will not be liable for any injuries or loss sustained to myself or my property while on Revitalizing Massage's and/or the massage practitioner's premises. In addition, Revitalizing Massage and the massage practitioner disclaims responsibility for any injury sustained during exercises or stretches given to me to perform. I will not begin exercises or stretches without first consulting my physician or medical practitioner for advice. I am seeking massage/bodywork of my own accord for the purpose massage is intended. 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 the session, I will immediately inform the massage practitioner so the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage/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 massage practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the massage practitioner's and Revitalizing Massage's part should I forget to do so. It is also understood that any illicit or sexually suggestive remarks or advances made to the massage practitioner will result in immediate termination of the session and I will be liable for full payment of the scheduled appointment.

Client Signature _____ Date _____

Consent to massage/bodywork of Minor: By my signature below, I hereby authorize my child or dependant to receive massage/bodywork therapy techniques as the massage practitioner deems necessary.

Signature of Parent or Guardian _____ Date _____