

MASSAGE INFORMATION & RELEASE FORM

Name _____ Phone _____

Address _____

City, State, Zip _____

Email _____

Occupation _____

Referred by _____

Have you had a Massage before? _____

If yes, what type of pressure do you prefer _____

Reason for Massage/Major Complaint _____

If for pain relief, what activities make it worse? _____

Are you taking any Medications/Aspirin/Vitamins?

Have you had any surgeries or broken bones recently?

Do you exercise? _____

Do you have any allergies? _____

Women – are you pregnant or are you trying to get pregnant? _____

Do you have any of the following (please circle):

Headaches	Sinus Trouble	Shooting pains	Thyroid Issues	Dizziness
Fainting	Loss of Balance	Wear Contacts	Epilepsy	
Shoulder Tightness		Anemia	Diabetes	Pinched Nerve
Hypo/Hyperglycemia		Arthritis	Herniated or Bulging Disc	
Currently being treated for Cancer		High/Low Blood Pressure		

Please read and sign:

I understand that the massage I receive is provided for the purpose of relaxation, stress reduction and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure may be adjusted to my level of comfort. I further understand that massage should not be construed as a substitute for medical treatment or diagnosis, and that I should see a physician, chiropractor, or other qualified medical specialist for any physical ailment that I am aware of. I understand that the massage therapists are not qualified to perform spinal or skeletal adjustments, prescribe or treat any physical or mental health issues, and nothing stated during the session should be construed as such. Because massage can be contraindicated under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. It is also understood that any illicit or sexually suggestive remarks or advances made by the client will result in immediate termination of the session, and the client will be liable for payment of the "full" scheduled appointment.

Signature of Client _____ Date _____