



Name:

Date of Birth:

Address:

Phone:

Date of Initial Visit:

Emergency Contact:

How did you hear of me?

What is your occupation and what kinds of activities do you most often participate in?

Please list any diagnosed medical conditions:

Please list any major accidents or surgeries:

Do you have any concerns regarding your health or massage session?

I have listed all my known medical conditions and physical limitations and will inform my massage therapist of any change in my physical health at the start of each session. I understand that a massage therapist must be aware of any and all existing physical conditions to ensure appropriate treatment. I further understand that a massage therapist neither diagnoses conditions nor prescribes treatments, nor performs thrusting joint or spinal adjustments. I understand that this massage does not involve touch of a sexual nature, and that I may halt or end the session at any time if I feel uncomfortable.

Signed _____