

Name _____ ID#/DOB _____ Date _____

Phone _____ Address _____

1. What are your goals for health, and how may I assist you in achieving your goals? _____

2. List typical daily activities—work, exercise, home. _____

3. Are you currently experiencing any of the following? If yes, please explain.

pain, tenderness	<input type="checkbox"/> No	<input type="checkbox"/> Yes: _____	stiffness	<input type="checkbox"/> No	<input type="checkbox"/> Yes: _____
numbness or tingling	<input type="checkbox"/> No	<input type="checkbox"/> Yes: _____	swelling	<input type="checkbox"/> No	<input type="checkbox"/> Yes: _____
allergies	<input type="checkbox"/> No	<input type="checkbox"/> Yes: _____			

4. List all illnesses, injuries, and health concerns you have now or have had in the past 3 years. (Examples: arthritis, diabetes, car crash, pregnancy) _____

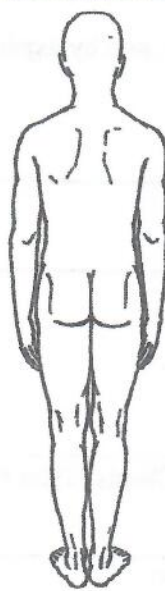
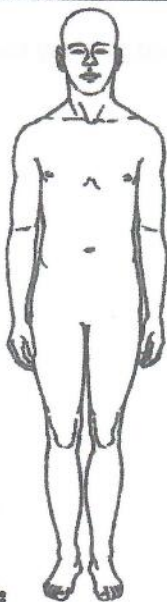
5. List medications and pain relievers taken this week. _____

6. I have provided all my known medical information. I acknowledge that massage therapy is not a substitute for medical diagnosis and treatment. I give my consent to receive treatment.

Signature _____ Date _____

Tx: _____

C: _____



Legend:

© TP	• TeP	○ ⊕	* Infl	≡ HT	≈ SP	initials _____
X Adh	≧ Numb	○ rot	/ elev	>< Short	↔ Long	

Informed Client Consent: (Please initial each section in order to signify that you understand and are in agreement with the statements below.)

Please read the following information and sign below, indicating your acceptance of these policies:

_____ I understand that this massage is for therapeutic purposes only, and will be completely non-sexual. Any sexual remarks or advances will terminate my session, and I will be liable for full payment of the scheduled session. I also understand that my massage practitioner reserves the right to refuse service for any reason.

_____ I have completed this form to the best of my knowledge, and I will inform my massage practitioner of any changes in my health before receiving further massage. I understand that under some health conditions massage may be harmful and therefore agree not to withhold any known information about my health from my massage practitioner. I further agree to allow my massage practitioner to discuss my health with my healthcare provider(s) listed above.

_____ I understand that massage practitioners do not diagnose or prescribe for medical illness, disease, or other disorders, and that spinal manipulations are not part of massage therapy. I further understand that massage therapy is not a substitute for medical examination or diagnosis, and that I take responsibility for consulting with my physician for any ailment or condition of concern to me. If I experience any pain or discomfort during the massage session, I will immediately communicate that to the practitioner so that treatment can be adjusted accordingly.

_____ Unless there is an emergency or inclement weather, I acknowledge that if I am unable to keep a scheduled appointment, 4 hours notice is required or I may be charged for the time reserved. I understand that my session begins promptly at the scheduled time and will end at the scheduled time, regardless if I am late for my appointment. I will be charged for the full scheduled session, even if my massage is shortened due to my tardiness.

_____ Federal law requires that a Notice of Privacy Practices be made available to all patients. You have the right to review the Notice and this notice serves as an offer to receive said Notice. Your signature below acknowledges that you have received or have been offered and refused a copy of the Notice.

I have read this form in its entirety, and by signing below I agree to these policies and give my consent to receive massage therapy.

Client Signature

Date

Client Printed Name

If Client is Under Age 18:

Parent / Guardian Signature (for Clients under Age 18)

Date

Printed Name of Parent / Guardian

Printed Name of Under-Aged Patient