



NEW CLIENT INFORMATION

Name: _____ Birth date: _____

Address: _____
(Number & Street) (City) (State) (Zipcode)

Phone: _____ (cell) _____ (home) _____ (work)

Email: _____ Occupation _____

How did you hear about us?:

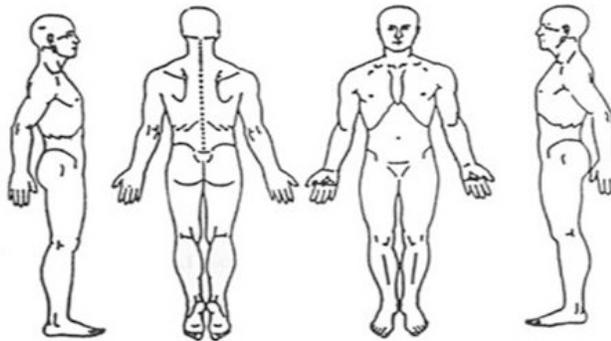
Yelp Google Friend Healthcare Practitioner Other: _____

1) In what physical activities do you engage? _____

2) Is this your first professional massage? _____

3) What is your reason for coming for a massage today and what results are you wanting?

Indicate on chart below, with an X, any specific areas of pain or tension:



4) List any recent injuries, surgeries or areas of inflammation:

5) Do you have any allergies to oils, lotions or ointments? If so, please explain:

6) List any medications you are currently taking that might impact our work:

7) Describe any additional past injuries, surgeries, or on-going health conditions:

8) Please put a checkmark next to any of the following which you experience:

Frequent stress ___	Disc issues ___	Arthritis ___ (Osteo/Reumatoid)
Frequent headaches ___	Varicose veins ___	High blood pressure ___
Bruise easily ___	Heart condition ___	Infectious disease ___
Are you pregnant? ___	Edema ___ TMJ ___	Digestive problems ___
Wear hearing aid ___	Wear pacemaker ___	Diabetes ___

9) Anything else you want to share that will impact our work together?

Please read and agree, by signing below, our [cancellation policy](#):

We ask that you call within 24 hours, in advance, of your appointment to cancel or reschedule if you can not be here at the time of your appointment. A fee equal to the full cost of the session you booked will be charged should you miss your appointment without the required 24 hours advance notification.

Signature: _____

Date: _____

It is my choice to receive massage therapy. I am aware of the benefits and risks of massage and give my consent for massage. I understand that massage therapists do not diagnose illness, disease, or any physical or mental disorder. If I experience any pain or discomfort during this session, I will immediately inform the therapist.

I understand that massage therapy is not a substitute for medical care, medical examination or diagnosis. I have stated all medical conditions of which I am aware and will inform Release Massage Therapy of any changes in my health status.

Signature: _____

Date: _____