The Connected Body

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Client Information and Consultation Sheet

Name_____DOB_____

Address_____City/State_____Zip_____

Phone #_____Occupation_____

Would you like to be notified regarding any specials? Email_____

Please list any serious injuries or surgeries you have had_____

_____

How do you like your pressure? ___ Light ___ Medium ___ Firm ___ Deep

Do you have any known allergies to massage oils, creams, lotions or essential oils?_____

Who may we thank for referring you to us? _____

Health History

___Headaches/Migraines	___Lymph Edema_____	___Heart Condition_____
___Joint Stiffness/Swelling_____	___Varicose Veins_____	___Depression
___Spasms/Cramps_____	___Deep Vein Thrombosis_____	___Anxiety
___Jaw Pain/TMJ	___Blood Clots_____	___Diabetes
___Tendonitis_____	___Asthma	___Fibromyalgia
___Bursitis_____	___Diverticulitis	___Cancer
___Arthritis_____	___IBS	___Infectious Disease_____
___Osteoporosis	___Chrohn's Disease	___Athlete's Foot
___Scoliosis	___Colitis	___Other _____
___Stroke	___Pregnant _____weeks/months	___Numbness/Tingling_____

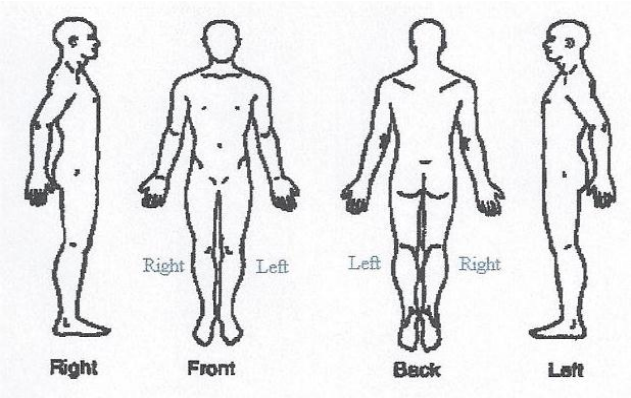
Medications_____

_____

What is your main complaint or conditions you want to improve through massage therapy? _____

_____

What aggravates these conditions? _____



I have completed this form to the best of my knowledge and will inform the massage therapist of any changes in my physical health. I understand that a massage therapist cannot diagnose illness, disease or any other medical, physical or emotional disorder. I will immediately tell my therapist if she is going too deep for my liking or if I am experiencing any unwanted pain during the massage. I understand that massage therapy can leave bruising even with light/medium pressure in some cases. I understand that massage therapy is a therapeutic health aide and is non-sexual. I also understand that any sexual advances on my part will result in both immediate termination and full payment of the session. I agree to give 24 hours notice for a scheduled session that I cannot keep. I am aware that I may be charged the full fee for any missed sessions or for sessions that I do not give 24 hour notice to cancel or reschedule.

Client's Signature_____Date_____

If client is a minor, signature of parent or guardian_____