



Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Cell Phone \_\_\_\_\_, Home Phone \_\_\_\_\_  
Occupation \_\_\_\_\_, Email \_\_\_\_\_

Who can we thank for this referral? \_\_\_\_\_  
Have you ever experienced a professional massage/body work before? \_\_\_\_\_  
How recently? \_\_\_\_\_  
Did you experience pain or bruising during or after your massage? \_\_\_\_\_

**Have you had or do you have**  
diabetes \_\_\_\_\_, headaches or migraines \_\_\_\_\_, arthritis \_\_\_\_\_, high blood pressure \_\_\_\_\_,  
varicose or spider veins \_\_\_\_\_, allergies \_\_\_\_\_, neck pain \_\_\_\_\_, low back pain \_\_\_\_\_,  
shoulder pain \_\_\_\_\_, numbness or stabbing pain \_\_\_\_\_, contagious disease \_\_\_\_\_,  
osteoporosis or osteopenia \_\_\_\_\_, fibromyalgia \_\_\_\_\_, cancer \_\_\_\_\_

Are you pregnant? If so, how far along are you? \_\_\_\_\_  
Any accidents, injuries, or surgeries in the past 2 years? If so, please  
describe. \_\_\_\_\_  
Any medical conditions that your therapist should be aware  
of? \_\_\_\_\_

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**PLEASE READ AND SIGN BELOW.**

The massage/bodywork I receive is to provide relaxation and relief of muscular tension. I will let my massage therapist know if the pressure given needs to be adjusted to my comfort level. The massage/bodywork should not be a substitute for a medical exam, diagnosis or treatment. I understand that the massage therapist is not qualified to perform spinal adjustment, diagnose, prescribe or treat any physical or mental illness. I agree to keep the massage therapist updated with any medical changes and understand that there is no liability on the practioners part should I forget to do so.

NAME \_\_\_\_\_, DATE \_\_\_\_\_

