Client Consultation

Name _____ BIRTHDATE _____

How did you hear about us? _____ AGE _____ ☐ Male ☐ Female

OCCUPATION _____

Have you ever had a Massage, Facial or Esthetic Treatment before? ☐ YES ☐ NO When? _____

What did you like most? _____ Least? _____

What is your main goal / reason for your visit? _____

CURRENT HEALTH: General and Medication Information

Are you basically in good health? ☐ Yes ☐ No

Has there been a change in your health in the past year? ☐ Yes ☐ No

If YES, please explain _____

Please take a moment to carefully read the following questions and answer as indicated. If you have a specific medical condition or specific symptom, massage/bodywork may be contraindicated. A referral from your primary care provider may be necessary before service can be provided.

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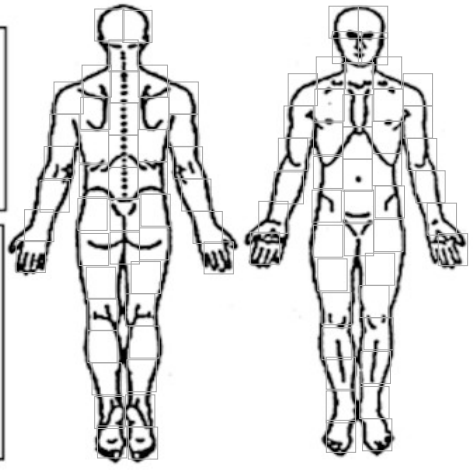
If you answer "YES" to any of these questions, please explain on the reverse side of this form.

Yes ☐	No ☐	Do you have any allergies/sensitivities?
Yes ☐	No ☐	Do you wear contact lenses?
Yes ☐	No ☐	Do you suffer from arthritis or joint swelling?
Yes ☐	No ☐	Do you have osteoporosis?
Yes ☐	No ☐	Do you have diabetes?
Yes ☐	No ☐	Do you have epilepsy or seizures?
Yes ☐	No ☐	Do you have any cardiac or circulatory problems including any heart conditions or blood clots?
Yes ☐	No ☐	Do you have difficulty breathing, or have asthma?
Yes ☐	No ☐	Do you have cancer or any tumors/cysts?
Yes ☐	No ☐	Are you pregnant or nursing?
Yes ☐	No ☐	Do you have any infectious or contagious diseases?
Yes ☐	No ☐	Have you had any broken bones in the past 2 years?
Yes ☐	No ☐	Have you been in an accident or suffered from any injuries in the past 2 years?
Yes ☐	No ☐	Do you suffer from claustrophobia?
Yes ☐	No ☐	Is there any other medical condition I should know about?

list for Back of body:

list for Front of Body:



Circle or mark with an 'x' areas of pain or injury or where you had previous surgery or problems

Please list all medication (including non-prescriptions) you currently take:

_____

CONSENT FOR CARE:

I am aware of the benefits and risks of massage and give consent for massage. I understand there is no implied or stated guarantee of success or effectiveness of individual techniques or series of appointments. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, or other qualified medical specialist for any ailment that I am aware of. I understand the massage/bodywork practitioners are not qualified to perform chiropractic adjustments, diagnose, prescribe, or treat any physical and mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability of the practitioner's part should I fail to do so.

CLIENT SIGNATURE _____ DATE _____