



Client Information Form

Name: _____ Address: _____

Phone: _____ Today's Date: _____ Birthday: _____ Age: _____

Occupation: _____ Employer: _____

Explain why you booked this massage and what you hope to achieve: _____

Areas of complaint or tension: _____

Are you presently under the care of a physician? If yes, describe condition: _____

List any medications you are currently using: _____

Have you ever had any serious disease condition? _____

Are you pregnant? _____ HIV positive? _____ Epilepsy? _____ Do you wear contact lenses or dentures? _____

Do you have arthritis or osteoporosis or other joint issues? _____

Do you have any skin problems or allergies? _____

Do you have any heart problems? _____

Do you have any blood pressure problems? _____

Do you have varicose veins, phlebitis or blood clots? _____

Have you suffered an acute injury recently? _____

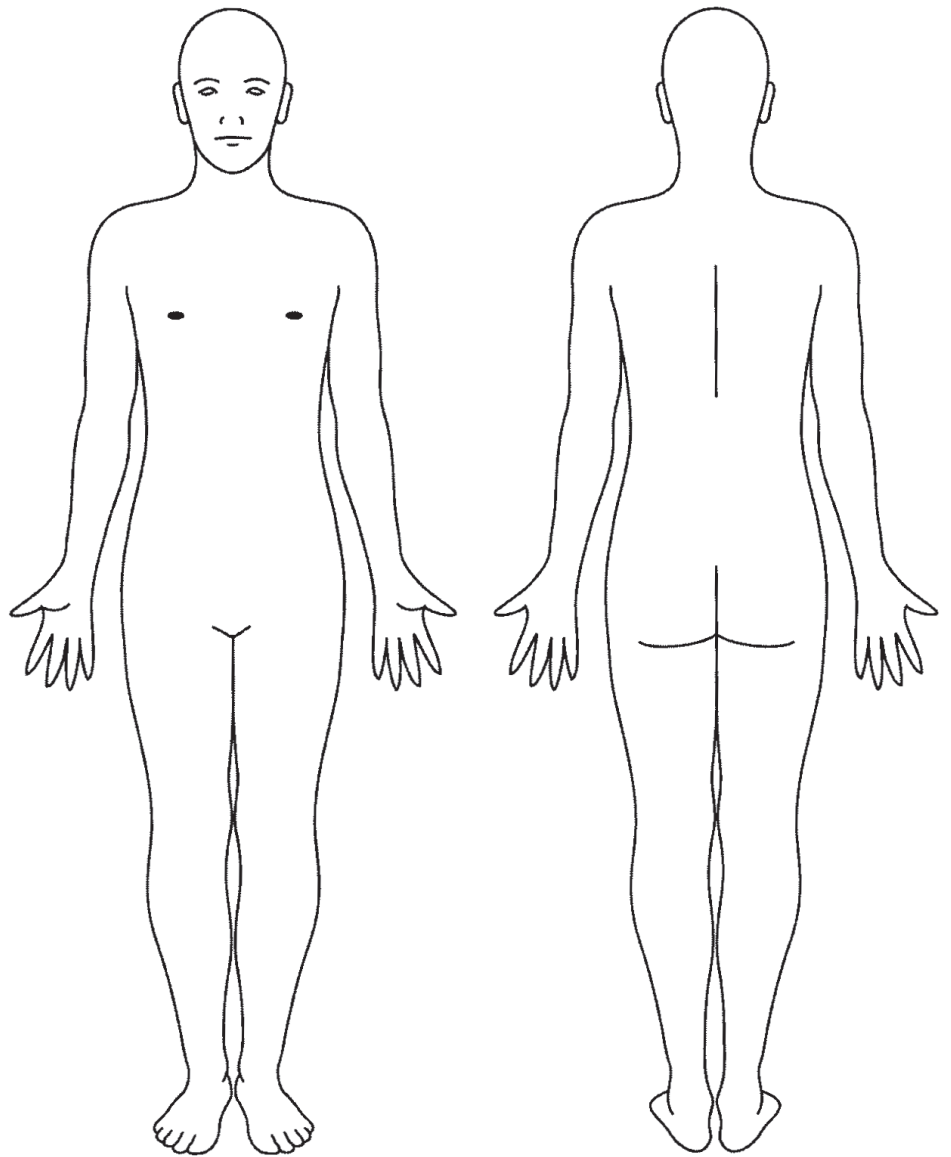
Do you have any spine problems? _____

(For Thai Massage) Are there any stretches or yoga postures which may be harmful or extremely uncomfortable? _____

Do you have any other condition that you would like to bring to my attention? _____

Have you had massage before? _____ What did you like or dislike about any previous massages? _____

SYMPTOMS



Please indicate areas of discomfort on diagram using marks listed below to indicate degree and type.

- X Slight pain
- XX Moderate pain
- XXX Severe pain
- Y Numbness
- Z Stiffness or Immobility

Other pertinent Information _____

I am aware that I am responsible for payment if I cancel appointments with less than 24 hours' notice.

Signature _____ Date _____

Client information is confidential. I encourage you to ask questions about any procedures I am performing or to communicate with me freely about anything that you experience either during or after a session.