

Client Information Form

Name _____ Phone _____
Address _____ City _____ State _____
E Mail _____ DOB _____ Zip _____
Referred By _____ Occupation _____

Have you ever had a professional massage before?
Do you have a musical preference? Instrumental only?
Classical? Not too picky as long as it's not distracting?

History of Symptoms

What is your major complaint?
Minor complaint, other areas of pain/concern?
When did you first notice major complaint?
What brought it on?
What activities aggravate condition?
Is condition getting progressively worse?
What have you done to get relief?
Has there been a medical diagnosis?
If yes, what was it?
Who made the diagnosis?
Have you ever had a similar problem before? When?
Caused by?
Have you ever had lymph nodes removed?
Have you ever been diagnosed with lymphedema?

Have You Had/When?

Surgeries
Broken bones
Injured muscles
Been in an accident
Pre-existing/contagious condition
Are you pregnant?/How many weeks?/Any medical issues?

Excercise/Training

Do you participate in sports or exercise? Please list.

Medications

Are you currently taking any medications? Please list.

Client Agreement

The following is some important information to ensure we get the most out of our sessions together:

Health Insurance

At this time we cannot accept health insurance. A health care provider statement is available upon request (your insurance plan may accept this as a reimbursable expense). All payments for services are due in full the day of the scheduled appointment. Cash or check is accepted.

There is a 24-hour cancellation policy for all appointments (new and repeat). You will be charged for the missed session without proper notice.

What to Expect

If it's your first session you can expect to be asked a lot of questions. History gathering does not end upon completion of the intake form. It is important that we get as much information as possible from you about past and present symptoms/injuries. You may be moved around (depending on issues, a little or a lot) during the session. You may be asked to wear loose, comfortable or athletic clothing depending on what needs to be accomplished during the session. Please let us know if you are experiencing pain or are uncomfortable at any time for any reason during the session. By signing your name below, you have read and understand the above stated terms.

Please read the following and sign below: therapists use the following modalities and treatment techniques: myofascial release, neuromuscular therapy, lymphatic drainage, strengthening, stretching, heat and ice. Some or all of the above may be used in your treatment. Occasionally you may feel an increase in pain or soreness for two or three days or the symptoms may shift to different areas. This can be a normal response, but if you have any questions or concerns, feel free to call. The following information must be given to the client and is required by Texas state massage therapy laws: your session may include massage to the shoulders, arms, hands, neck, head, back, legs, hips and feet. Breast massage of female clients will not be performed without your written consent. Draping will be used during the session, unless you are in your workout clothes. If you are uncomfortable for any reason during this session, you may ask the therapist to stop or end the session. I understand that massage therapy is not a substitute for medical examination and diagnosis. It is recommended that I see a physician for any physical ailment that I might have. I understand that the massage therapist does not diagnose illness, disease, or any other physical or mental disorder. Please address any complaint to Texas Department Of Health P.O. Box 12197 Austin, Tx 78711-2197

Signature _____ Date _____

