



CLIENT HEALTH HISTORY & CONSENT- CONFIDENTIAL

-Anyone under the age of 18
must be accompanied by a parent to receive massage-

Name _____ Date of birth _____

Address _____ City _____ State/Zip _____

Preferred Phone# _____ Cell _____ Work _____ Home _____

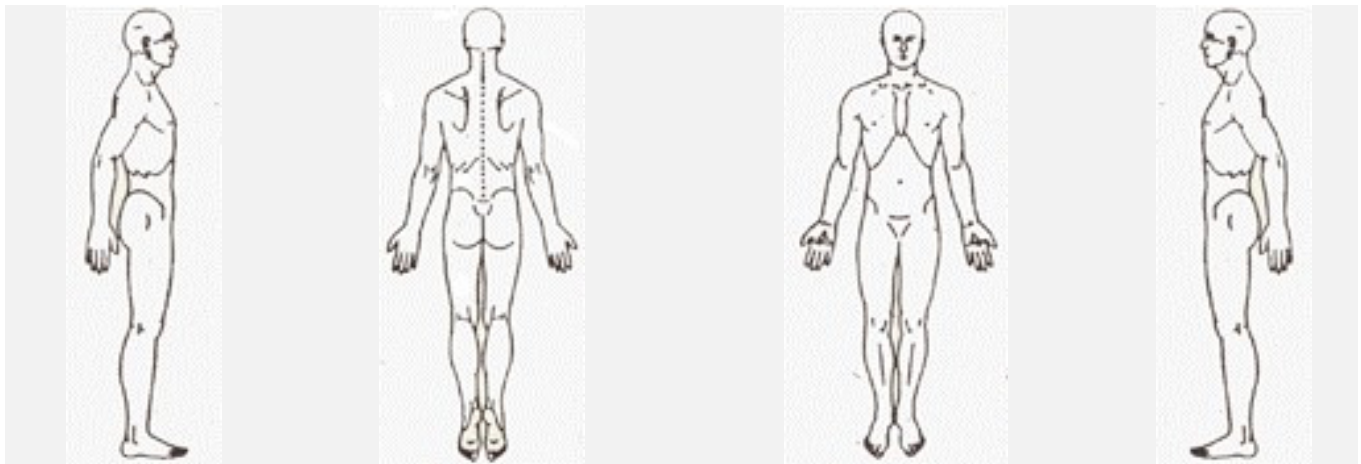
Email Address _____ (Appointments confirmed by email)

EMERGENCY CONTACT NAME & PHONE# _____

Do you consent to email reminders/updates at the above email address? Yes ___ No ___

Do you consent to text appointment reminders to your cell phone? Yes ___ No ___

Please (X) any areas of stiffness (C) chronic pain (S) sharp pain:



Are you currently taking any medications? Yes ___ No ___

If yes, please list name and reason for medications

Are you under current treatment by a physician/surgeon/specialist? Yes ___ No ___

If yes, please list reason/treatment

Today any:

- ___ fever
- ___ swollen glands
- ___ headache/migraine
- ___ skin condition/sensitivity/sunburn
- ___ open sores/bruises
- ___ sprains/strains
- ___ pregnant? Due date _____

Are you diagnosed with:

- AIDS
- allergies**
- Atherosclerosis (artery plaque build-up)
- arthritis**
- artificial joint/prosthesis**
- autoimmune disorder**
- blood clots/deep vein thrombosis**
- blood pressure high or low
- bulging disks**
- Carpal Tunnel Syndrome
- cancer**

- Diabetes
- Epilepsy/seizures
- Fibromyalgia
- fractures** (less than 5 years ago)
- heart condition**
- Hepatitis (A, B, C)
- Osteoporosis
- Phlebitis (vein inflammation)
- stroke**
- surgeries** (less than 5 years ago)
- whiplash

If you marked any of the **bold** conditions, please explain here:

Policies:

- Please arrive 5 to 15 minutes before your massage time to allow for changing and consultation time
- Late arrivals do not receive the full length of their massage/therapy but will be charged the full amount
- No charges or penalties for cancelling when you are ill or have a true emergency (if you notify me)
- If you need to cancel for other reasons, kindly give me 24 hours' notice or more
- No charges when cancelling but I may refuse to schedule you in the future if you habitually make and cancel appointments often
- Sexual remarks, advances, foul language, suggestive comments will immediately end the massage and incur the full charge of time scheduled

Massage should not be performed under certain medical conditions and by signing below, you as the client acknowledge that you have answered all questions honestly and completely and understand that information withheld may adversely affect the outcome of your massage. Massage should not be construed as a substitute for a medical examination, diagnosis or treatment and nothing said in the course of any session should be construed as such. By signing below, you state that you understand the policies stated here, accept and agree to follow them and to release the therapist and Take 5 Massage from liability should you fail to do so or if you have withheld medical information.

Signature: _____ Date _____

Guardian Signature if under 18 _____ Date _____