

Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Referred By: _____ Telephone: () _____

Date of Birth: _____ Occupation: _____

Check the bullets below if any of these questions apply to you.

Do you frequently suffer from stress? Do you have high blood pressure?

Do you have diabetes? Do you suffer from joint swelling?

Do you experience frequent headaches? Do you have any contagious disease?

Are you pregnant? Do you bruise easily or have sensitive skin?

Do you suffer from arthritis? Do you have any allergies?

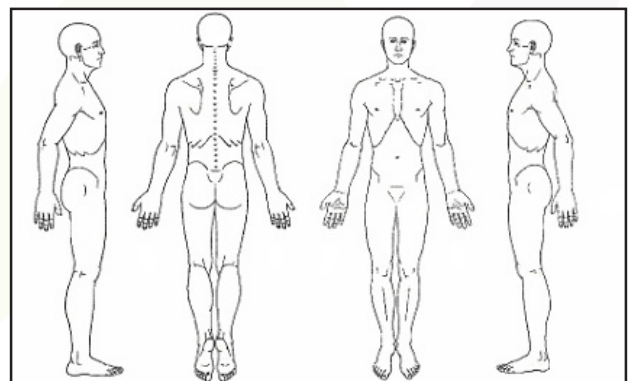
What are you looking to accomplish in your visit today? _____

Comments: _____

Please mark the areas of concern on the diagram:

We incorporate kinesiology tape in a lot of our sessions. Is this something you would be open to trying?

Yes No



I acknowledge that massage therapy is not a substitute for medical examination or diagnosis, and I should see a medical specialist for mental or physical ailments. I affirm that I have stated all my known medical conditions. I agree to keep the massage practitioner updated as to any changes in my medical profile. If I experience any pain or discomfort during a session, I will inform the massage practitioner so that the pressure and area of touch may be adjusted. I agree to change or cancel appointment with at least 24 hour notice or I will be charged the full price of my massage.

 Patient Signature or Legal Guardian

 Date