BODY THERAPEUTICS
CLIENT INFORMATION FORM

Name:	
Address:	Home Phone:
City/State/Zip:	Work Phone:
Employer:	Cell Phone:
Occupation:	Email:
Insurance Co. (If applicable)	Ins. Phone:

Social Security:	DOB:
Who Referred You?	Have you ever had a massage before?
Reason for receiving massage therapy	
Are you pregnant?	When is your due date?

Do you smoke cigarettes?	Do you have problems sleeping?	Do you exercise?
Do you take medication?	Please list	
Are you allergic to anything?	Please list	
Have you ever been in a car accident/fender bender?		

Please check off any of the following conditions or symptoms that apply to you now or in the past

	High Blood Pressure		Herniated Disc(s)		Hypoglycemia
	Low Blood Pressure		Osteoporosis		Diabetes
	Blood Clots		Scoliosis		Migraine Headaches
	Varicose Veins		Arthritis		Sinus Problems
	Phlebitis		Bursitis		Cancer
	Heart Disease		Internal pins/wires		HIV/AIDS
	Stroke		Contagious diseases		Skin Conditions/Infections

Please list & explain any other conditions/symptoms not listed above: _____

Are you currently under the care of a physician? _____ If so, for what? _____

On a scale of 1-10 (1 being low, 10 being high) how would you rate your stress level today? _____

I have completed this health form to the best of my knowledge. I understand the following: **1)** the healing work I receive is provided for the basic purpose of relaxation, stress reduction, and/or relief of muscular tension of pain; **2)** if either party becomes uncomfortable during the massage for any reason, either party may end the massage session; **3)** massage therapy should not be construed as a substitute for medical examination, diagnosis, or treatment; **4**) the LMT will not engage in breast massage; **5)** draping will be used; **6)** the massage therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session(s) given should be construed as such; **7)** confidentiality will be strictly adhered to; **8)** I understand one or more of the following massage techniques or modalities may be included in my treatment: Swedish, Neuromuscular, Stretching, Steam Therapy, hot towels, ice packs, analgesics, essential oils and I will be be informed before or during the session and will give consent to or not. 9) I affirm that I have stated all my known medical conditions, and answered all questions honestly; 10) there shall be no liability on the part of the Kim Greenlee or Center for Employee Assistance.

Client's Signature_____ **Date** _____

Parent or Guardian's Signature (if client is under 17)_____ **Date** _____

For Therapist's Use: Techniques & Modalities anticipated to be used: Swedish / Neuromuscular / Stretching/ Analgesics/ Steam Therapy/ Hot Towels/Cold Packs/ Other: _____
Parts of the body to be massaged: feet / legs / buttocks / back / hands / arms / stomach / neck /face / head.
Parts of the body to avoid: _____ Indications/contraindications _____

Licensed Massage Therapist Signature _____