## MASSAGE APPOINTMENT CLIENT FORM

Date:	
Last Name:	First Name:
Phone:	
Email if you want discount alerts:	
Address, City and Zip:	
Occupation:	Activities (work and others):
Returning Client (Y/N): Reason for mass	sage:
How often do you get a massage?	_
Have you ever had any injuries (broken bones, tor	n ligaments, surgeries)? When?
Do you have any medical issues (pregnancy, disease	ses, skin disorders, infections, blood pressure, heart conditions,
breathing, blood clots, arthritis, diabetes, caner, etc	c.? Please explain
Do you have any allergies or sensitivities to oils, lo	tions or scents?
What are the appropriate areas of concern? (Please	e mark a H for Hight, M for Medium or L for Low)
Headache Upper Back	Knee Leg/Thigh
Neck/Shoulder Lower Back	Foot/Ankle Other
muscular tension. If I experience any pain or discisso that the pressure and/or strokes may be adjusted. I further understand that massage should not be of treatment and that I should see a physician, chiropailment I am aware of. I understand that massage prescribe, or treat any physical or mental illness, as construed as such.	onstrued as the substitute for medical examination, diagnosis, or oractor or other qualified medical specialist for any mental or physical therapists are not to perform spinal or skeletal adjustments, diagnose, and that nothing said in the course of the session(s) given should be
I affirm that I have stated all my known medical copractitioner's part should I forget to do so.	onditions, and I understand that there shall be no liability on the
It is understood that any illicit or sexually suggestithe session.	we remarks or advances made by me will result in termination of
I understand that a 1 hour massage time includes of from 50 to 55 minutes.	dressing and undressing. The actual hands on time can be anywhere
Signed:	Date:
Additional Recipients Signature	