

# CLIENT INFORMATION

All about YOU!!! Thank you for coming to me for your massage. This is not just a massage. It's important that I know about you so I can take the best of care of you. It's not to pry or impose on your private life. The condition of your health and your health history is important to me just as it is when you see a doctor before I can give you a massage. I hope you will tell your family, friends and co-workers about my world class massage. *Thank you.*

PLEASE PRINT

Name \_\_\_\_\_ E-Mail \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Medications \_\_\_\_\_ Physician \_\_\_\_\_  
Age \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Referred by \_\_\_\_\_  
Primary reason for appointment \_\_\_\_\_

PLEASE ANSWER THE FOLLOWING QUESTIONS BY CHECKING THE APPROPRIATE ANSWER:

- Yes  No Have you experienced a professional massage or bodywork before? How recently? \_\_\_\_\_
- Yes  No Have you ever had surgery? If so, describe: \_\_\_\_\_
- Yes  No Do you wear contact lenses or dentures?
- Yes  No Do you smoke?
- Yes  No Do you have skin sensitivity? If so, describe: \_\_\_\_\_
- Yes  No Have you been in an accident or suffered any acute injuries? If so, how long ago? \_\_\_\_\_
- Yes  No Do you exercise regularly or play sports? If so, what kind and how often? \_\_\_\_\_
- Yes  No Do you have arthritis?
- Yes  No Do you have any spinal problems? If so, what? \_\_\_\_\_
- Yes  No Do you have osteoporosis?
- Yes  No Do you have varicose veins or blood clots?
- Yes  No Do you have any heart or circulatory problems that I should be aware of? If so, what? \_\_\_\_\_
- Yes  No Do you have any blood pressure problems? If so, what? \_\_\_\_\_
- Yes  No Do you have any contagious diseases?
- Yes  No Do you have diabetes?
- Yes  No Are you pregnant?
- Yes  No Do you have numbness or stabbing pain anywhere? If so, where? \_\_\_\_\_
- Yes  No Do you have any tense or sore areas that need special attention? If so, specify: \_\_\_\_\_
- \_\_\_\_\_
- Yes  No Are there any other medical conditions that I should be aware of before giving you a massage? If so, describe: \_\_\_\_\_
- \_\_\_\_\_

I understand that massage therapy given here is for the purpose of stress reduction, muscular tension, relief from spasms, or for increasing circulation and energy flow. I understand that the massage therapist does not diagnose illness, disease or any other physical or mental disorder. As such, the massage therapist does not prescribe medical treatment or prescribe drugs, nor do they perform any spinal manipulations. It has been made very clear to me that massage is not a substitute for medical treatment, examinations or diagnosis and that it is recommended that I see a physician for any physical ailment that I might have. Because a massage therapist must be aware of existing conditions, I have stated all my known medical conditions and take it upon myself to keep the massage therapist updated of my physical health.

I understand that a 24-hour notice of cancellation is a must or I will be charged for the visit. If I arrive late for an appointment, my treatment time will be apportionate to the amount of time left of my scheduled visit.

Client's Signature \_\_\_\_\_ Date \_\_\_\_\_ Practitioner's Signature \_\_\_\_\_ Date \_\_\_\_\_

**CONSENT TO TREATMENT OF MINOR:** By my signature below, I hereby authorize \_\_\_\_\_ to administer massage, bodywork or somatic therapy techniques to my child or dependent as they deem necessary.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Member:  
Associated Bodywork and  
Massage Professionals



PAUL ZARCHIN, L.M.T.  
Nationally Certified in  
Therapeutic Massage & Bodywork  
Since 1992