

Client Confidential Form

Name: _____ Female__ / Male __ DOB __-__-__

Address _____

City _____ State _____ Zip _____

Phone # (home) _____ work _____

Occupation: _____

Have you ever had a massage before? _____ When? _____

Have you been ill or had any injuries in the last 18 months? _____ When? _____

Check all that apply:

- | | | |
|-------------------------------|----------------------|-----------------|
| allergies _____ | back pains _____ | pregnancy _____ |
| chronic/acute pain _____ | sleeplessness _____ | rashies _____ |
| fatigue _____ | headaches _____ | dry skin _____ |
| easily bruises _____ | broken bones _____ | cold/flu _____ |
| problems breathing _____ | sinuses _____ | stress _____ |
| high blood pressure _____ | heart trouble _____ | exercises _____ |
| kidney/bladder problems _____ | cancer _____ | tingling _____ |
| neck/spine injuries _____ | skin disorders _____ | |

others _____

Consent:

I understand that the relationship between the client and the massage therapist is a confidential one and that all the information provided to the therapist is kept confidential. My body will be properly draped at all times for comfort, security, and warmth. The information that I have given is accurate and I agree to update the therapist of health changes at future appointments as appropriate. I will inform the therapist of any discomfort, so that any necessary adjustments can be made to suit my comfort level.

I understand the benefits a massage and the proper response to potential discomfort that I may feel during the massage as explained above. The therapist have a Virginia state license.

By signing this form, I also give consent for future sessions. I have read and understand the contents of this form, and hereby give my permission to be massaged.

Signature: _____ Date _____

Therapist Signature: _____ Date _____

Should I have to cancel my appointment for any reason, I agree to give the 24-hour notice. Thank You.