SACRAMENTO MASSAGE STUDIO

CONFIDENTIAL CLIENT INFORMATION AND HEALTH HISTORY~ CHAIR MASSAGE

First Name: _____ M.I. _____ Last Name: _____

Address: _____City: _____ State: _____ Zip: _____

Phone (h): _____ (c): _____

Birth Date: _____ /_____ /_____ Email Address: _____

Employer: _____ Occupation: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Please check if you have had any of the following:

❑Arthritis, Tendonitis	❑Headaches/Migraines
❑Cancer, Tumours	❑Allergies/Sensitivities
❑TMJ Problems	❑Skin Conditions
❑Varicose Veins	❑Neck/Back Injuries
❑Pregnancy	❑Heart Problems
❑Blood Clots	❑Joint Problems
❑Epilepsy	❑Circulation Problems
❑Diabetes	❑ Low Blood Pressure
❑Paralysis	❑High Blood Pressure
❑Fibromyalgia	❑Major Accident
❑Numbness	❑Recent Injuries
❑Sprains, Strains	❑Other _____

Explain any condition you have marked above:

_____

_____

_____

Is this your first professional massage? ❑Yes ❑No

If no, how often do you receive massage? _____

Please list current medication:

_____

_____

_____

_____

Do you have any ongoing or chronic pain? Explain:

_____

_____

_____

_____

Is there anything you would like to discuss today?

_____

_____

_____

_____

I understand the benefits and risks of massage and give my consent for massage. It is also understood that the massage practitioner has the right to refuse service to anyone. I will consult my practitioner with any questions or concerns immediately. I have stated all medical conditions that I am aware of and will keep my practitioner informed of any changes. I understand that the purpose of this massage is to reduce stress and increase relaxation. I will immediately inform the practitioner so that pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment I am aware of.

Sign: _____ **Date:** _____