



# New Client Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Best way to contact you? Phone Text Email Occupation: \_\_\_\_\_

In case of an emergency who should be contacted?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Referred by: \_\_\_\_\_

Please answer the following questions by checking the appropriate box and providing corresponding information if necessary:

Have you had a professional massage before?  Yes  No \_\_\_\_\_

If yes, how long ago? \_\_\_\_\_

Do you wear contact lenses or dentures?  Yes  No \_\_\_\_\_

Do you have any skin problems or allergies?  Yes  No \_\_\_\_\_

Are you allergic to any lotions or oils?  Yes  No \_\_\_\_\_

Do you have any heart or circulatory problems?  Yes  No \_\_\_\_\_

Do you have varicose veins or blood clots?  Yes  No \_\_\_\_\_

Do you have any blood pressure problems?  Yes  No \_\_\_\_\_

Have you had any recent broken bones or sprains?  Yes  No \_\_\_\_\_

Do you have any arthritis?  Yes  No \_\_\_\_\_

Do you have any spinal problems?  Yes  No \_\_\_\_\_

Are you experiencing more stress or emotional strain than usual?  Yes  No \_\_\_\_\_

Have you suffered an acute injury or surgery recently?  Yes  No \_\_\_\_\_

Do you have any other conditions that your massage therapist should be aware of? (e.g., pregnant or trying, hypertension)  Yes  No \_\_\_\_\_

Are you taking any medication, supplements or herbal treatments?  Yes  No \_\_\_\_\_

Please list and include purpose: \_\_\_\_\_

Physical Activities or Hobbies: \_\_\_\_\_

# REMEDY + MASSAGE + S.T.U.D.I.O

Are you under the care of a health or mental health care practitioner?  Yes  No \_\_\_\_\_

Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Primary reason for appointment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

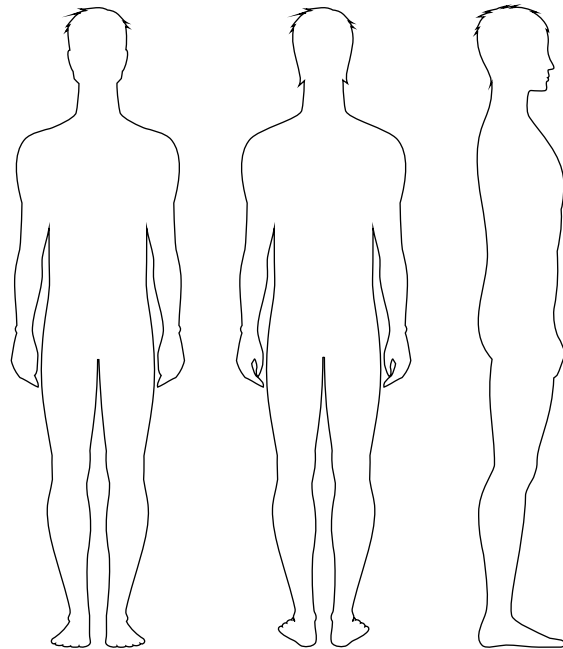
**Please look at the figures to the right, and mark areas or tightness or pain.**

If you are here for pain how long have you been experiencing it? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Front**

**Back**

**Side**

I understand that the massage therapy given here is for the purpose of reducing stress, relief from muscular tension or spasm, and for increasing circulation and energy flow, therefore, if I experience any pain or discomfort during the session, I will immediately inform the practitioner so that adjustments can be made. I further understand that the massage therapist does not diagnose illness, disease or any other mental disorder. The massage therapist does not prescribe medical treatment or pharmaceuticals, or perform spinal manipulations. I understand that massage therapy is not a substitute for a medical examination or diagnosis, and that a proper health care provider should be seen for any physical ailment. I also understand that any illicit or sexual suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment. With this in mind, I agree to receive this massage therapy and hold the therapist blameless for any problems that might arise as a result of this session.

Signature \_\_\_\_\_ Date \_\_\_\_\_