

# Massage New Patient Form

## Personal Information

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone (Cell): \_\_\_\_\_ Phone (Home): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Please circle the best answer(s) for the following questions.

Date of initial visit: \_\_\_\_\_

- Have you ever had a professional massage before?

Yes            No

If so, how often do you receive massage therapy treatments? \_\_\_\_\_

- Do you have any difficulty lying on your back, side, or front?

Yes            No

If so, please explain. \_\_\_\_\_

- Do you have any allergies to oils, lotions, ointments, or do you have sensitive skin?

Yes            No

- Do you sit for long hours at a workstation, computer, or driving?

Yes            No

- Do you perform any repetitive movements in your work, sports, or hobbies?

Yes            No

- Do you experience stress in your work, family, or other aspects of your life?

Yes            No

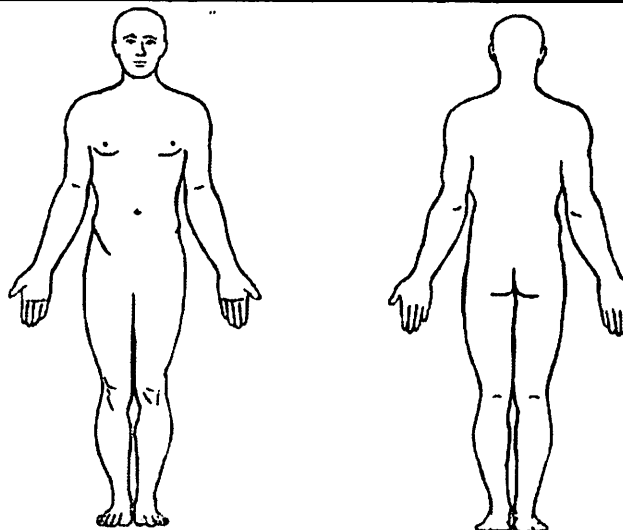
If yes, how do you think it has affected your health?

Muscle Tension    Anxiety    Insomnia            Irritability            Other

- Is there a particular area of the body where you are experiencing tension, stiffness, pain, or other discomfort? If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Please circle where you are experiencing any soreness or problems.



- Are you currently under any medical supervision?    Yes                      No  
If yes, please explain: \_\_\_\_\_
- Do you see a chiropractor?                      Yes                      No  
If yes, how often? \_\_\_\_\_
- Are you taking any medications?    Yes                      No  
If yes, please list: \_\_\_\_\_

Please circle any condition listed below that applies to you:

- |                           |                                  |                                |
|---------------------------|----------------------------------|--------------------------------|
| Contagious skin condition | Open sores or wounds             | Easy bruising                  |
| Recent accident/injury    | Recent surgery                   | Artificial joint               |
| Sprains/Strains           | Swollen glands                   | Allergies/sensitivities        |
| Heart condition           | High/low blood pressure          | Circulatory disorder           |
| Varicose veins            | Deep vein thrombosis/blood clots | Joint disorder                 |
| Rheumatoid arthritis      | Osteoarthritis                   | Tendonitis                     |
| Osteoporosis              | Epilepsy                         | Headaches/migraines            |
| Cancer                    | Diabetes                         | Back/neck problems             |
| Fibromyalgia              | Carpal tunnel syndrome           | TMJ disorder                   |
| Tennis/golfers elbow      | Pregnancy                        | If yes, how many months: _____ |

## Waiver

I understand that the professional treatment I receive is for the purpose of improving, restoring, and/or maintaining my personal health. I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment. Because massage is contraindicated under certain conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part as should I forget to do that.

I, \_\_\_\_\_ release the massage practitioner from all liability from problems arising from the treatment as a result of information not given or incorrectly given in this case history form part should I fail to do so. I understand that illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session. I also understand that the Registered Massage Therapist reserves the right to refuse to perform massage on anyone whom he/she deems to have a condition for which massage is contraindicated. Draping will be used during the session – only the area being worked on will be uncovered. Informed written consent must be provided by parent or legal guardian of any client under the age of 18.

### Missed Massage Appointment Policy

Please arrive 5-10 minutes prior to your appointment time. If you are late for your appointment your therapist is not required to provide you with your full scheduled amount of time. For example, if you show up 15 minutes late for your 60-minute massage, you will only receive 45 minutes but will be charged for the full 60 minutes.

If you will not be able to make it to your appointment, please call the clinic to reschedule or cancel your appointment at least 24 hours prior to your appointment. We understand things happen, **but please understand that a loss of an appointment is a loss of a treatment for another patient and is a total loss of income for your massage therapist.** A **\$40.00** No Show fee will be applied to your account if this policy is not followed. This fee will also apply to patients that "No Show" their appointments. Every effort will be made to ensure that we will be as flexible as possible in emergency situations.

I have read and fully understand the waiver and cancellation policy:

\_\_\_\_\_ (signature here)