



Client Information

Welcome to Balance You Massage Therapy.
Please fill out both sides of this health form and print clearly. I hope you enjoy your experience.

Name: _____ Date: _____
Address: _____ Telephone: _____
City: _____ State: _____ Zip: _____
Email Address: _____ Gender: [] Female [] Male
Emergency contact name: _____ Date of Birth: _____
Emergency contact number: _____ Occupation: _____

General Questions

Have you had therapeutic massage before? [] Yes [] No If yes, how often? _____
What are your goals for your massage today? _____

Health Information

Are you currently under the care of a physician? [] Yes [] No If yes, please indicate the condition for which you are being treated. _____
Are you taking any medications? [] Yes [] No If yes, please list current medications. _____
Have you had any surgeries? [] Yes [] No If yes, please describe. _____
Are you pregnant or trying to become pregnant? [] Yes [] No If you are pregnant, please identify which trimester and if there are any associated conditions. _____

In order to provide you with appropriate and client centered massage, I need an accurate health history. Please check any that apply and explain below.

- [] Skin conditions [] Other cardiovascular disease [] Infectious disease
[] Blood clots (DVT, phlebitis) [] Stroke [] Immune system deficiency
[] High blood pressure [] Diabetes [] Arthritis
[] Congestive heart failure [] Cancer or tumors [] Osteoporosis
[] Heart attack [] Kidney or urinary problems [] Fibromyalgia
[] Respiratory problems [] Numbness or tingling [] Other

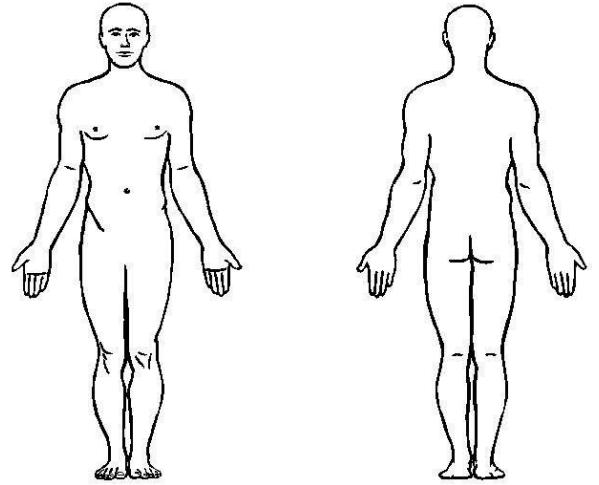
Explanation(s): _____

On a scale of 0 (no stress) to 10 (high levels of stress)

Please indicate the general amount of stress in your life. 0 _____ 10

On the figures to the right, please indicate the following areas:

- Where you carry tension or stress (**T**)
- Areas of pain or discomfort (**P**)
- Radiating sensations (**←→**)



Consent for Treatment

If I experience any pain or discomfort during my session, I will immediately inform the practitioner so that the 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 of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexually 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. Understanding all of this, I give my consent to receive care.

Client Signature: _____ Date: _____

Parent or Guardian Signature (in case of a minor): _____ Date: _____