

HEART CENTER MASSAGE

Confidential Information

Welcome. We want to make your appointment as pleasant and as comfortable as possible. If at any time you have questions regarding your visit, please let us know.

Name _____

Home # _____ Work # _____

Address _____

City _____ Zip _____

Email _____

DOB _____ M _____ F _____ Marital Status _____

Occupation _____

Referred by _____

• **Would you like to receive Special Offers, Newsletters and Updates?**
If Yes (circle) ~ Text or Email

• Have you ever received massage therapy? Yes No

• Type of Massage Experienced: Swedish Deep Tissue Other _____

• What are your goals for this bodywork? _____

• Are you taking medication? If so, for what condition? _____

• Have you consumed alcohol in the past 24 hours? Yes No

• If female, are you pregnant? Yes No

Do you have a history of the following?

___ Neck Pain / Headaches

___ Whiplash

___ Upper Back Pain

___ Mid Back Pain

___ Low Back Pain

___ Decreased Range of Motion

___ Seizures

___ Fibromyalgia

___ Diabetes

___ High Blood Pressure

___ Heart Condition

___ Skin Conditions

___ Disk Problems

___ Joint Ache

___ Sprains

___ Arthritis, Bursitis, or Gout

___ Abdominal Pain

___ Surgical Implants (Screws/Rods)

___ Allergies to Oils or Perfumes

___ Varicose Veins

___ HIV

___ Stroke

___ Cancer

Surgeries or Prior Broken Bones:

Please mark your usage of each:

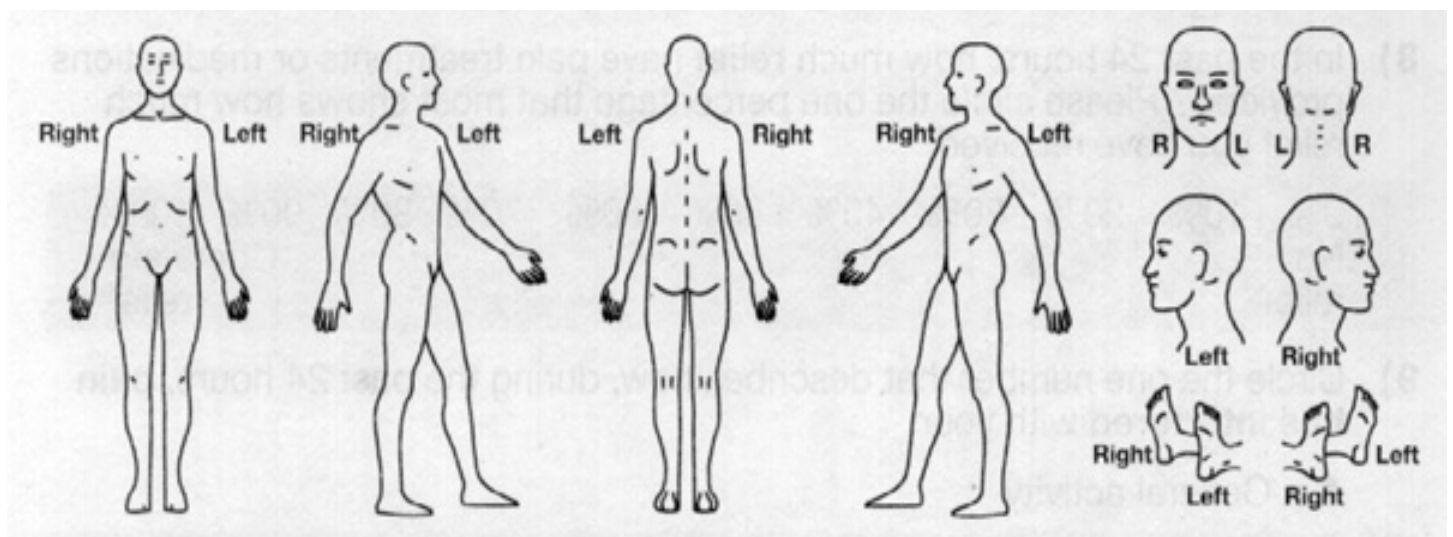
	None	Light	Moderate	Heavy
Salt				
Sugar				
Caffeine				
Tobacco				
Alcohol				
Exercise				
Water				

Do you have any of the following today?

- Sunburn
- Inflammation
- Severe Pain
- Headache
- Open Cuts, Bruises or Burns
- Irritated Skin Rash
- Cold/Flu
-

Other: _____

Please indicate with an X the places you are feeling discomfort.



If you have a specific medical condition or specific symptoms, massage and bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided.

I understand that massage and bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure can be adjusted to my level of comfort.

I further understand that massage or bodywork should not be construed as a substitute for a medical examination, diagnosis, or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand massage and 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 should be construed as such. This is because massage and 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 practitioners part should I forget to do so.

It is also understood that this is a professional establishment with only the highest standards of conduct. Any sexually suggestive remarks or advances will not be tolerated, the session will be terminated and I will be liable for the full payment.

If I am not able to make a scheduled appointment, I agree to cancel the appointment 24 hours in advance by phone.

Signature _____

Date _____