

Data

Last name:	
First name:	
Middle initial:	
Primary phone:	
Alternate phone:	
Email:	
Street address:	
City, state, zip:	
Sex:	
Date of birth:	
Age:	
Occupation:	

Prior message

Have you ever received a professional massage?	Yes	No	If yes, how recent?
--	-----	----	---------------------

Emergency contact

Name:	Relation:	Phone:
-------	-----------	--------

Referred by

Name:	Relation:	Phone:
-------	-----------	--------

Agreement

By my signature below, I agree to the following statements:

1. I have read and understand the policies applicable to the massage/bodywork services I will receive.
2. Policies may be updated at any time without notice and current copies are always available upon request.
3. It is my responsibility to communicate pain, discomfort or other concerns during my massage/bodywork session.
4. I may experience temporary aches and pains following my massage/bodywork session.
5. Massage/bodywork is not a substitute for medical care.
6. No medical examinations, diagnoses or treatments will be offered or administered during my massage/bodywork.
7. I will not withhold information of a medical nature that may compromise my physical health or safety resulting from massage/bodywork.
8. Whether or not specifically advised to do so, it is my responsibility to consult a physician prior to receiving massage/bodywork.
9. It is my responsibility to ensure that both my personal and health information are current.
10. I will communicate any changes to my personal and/or health information at the beginning of each massage/bodywork session I receive.
11. If client is less than 18 years of age, a parent or legal guardian of the minor client shall, on behalf of the minor client, accept the above statements by signing below, in place of the minor client.
12. Information contained on this form will never be released to or viewed by any third party for any reason without my prior written consent.

Signature

	Date:
--	-------