Confidential Client Information

1 Your Personal Details

Name

☐ Mrs ☐ Miss ☐ Ms or Other ☐

Date of birth / /

Daytime phone number

Evening phone number

Home address & Email address

Postal address (*only if it differs from your home address*)

Emergency Contact

Name

Phone number

Occupation and Lifestyle

Your occupation

Physically related work duties (*eg computer work, heavy lifting, standing, etc*)

Sports, hobbies, and lifestyle

Initial Client Contact

How did you learn about this massage therapy practice?

Questions continue ▸

2 About Today's Massage

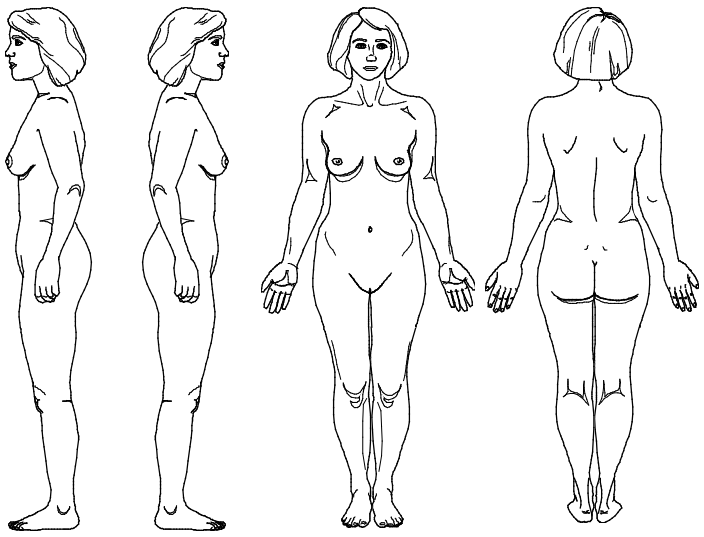
Reasons for Massage, Previous Massages, Areas of Soreness

Please give your reasons and expectations for today's massage session

Have you had a professional massage before?

No ☐ Yes ☐ ▸ Please describe previous treatment(s) and what you liked/disliked

Please identify and/or describe any specific areas of soreness



Please describe any special requests and/or concerns you have about today's session

Questions continue ▸

3 Medical History

Doctor(s), Injuries, Treatments, Medications, and Conditions

Your Doctor(s) name(s) and phone number(s)

Please list recent or past injuries and medical treatments

Please list any medications you are taking

Do any of the following symptoms or conditions apply to you *(please check)*?

- ☐ Pregnancy
- ☐ PMS
- ☐ Painful Periods
- ☐ Menopause
- ☐ Fatigue
- ☐ Depression
- ☐ Insomnia
- ☐ Headaches
- ☐ Dizzy Spells
- ☐ Loss of Balance
- ☐ Numbness
- ☐ Allergies
- ☐ Skin Disorder
- ☐ Herpes
- ☐ Shingles
- ☐ HIV+/AIDS
- ☐ Cancer
- ☐ Emotional Distress
- ☐ TMJ Syndrome
- ☐ Neck/Spine Injury
- ☐ Osteoporosis
- ☐ Arthritis
- ☐ RSI
- ☐ Joint Replacement
- ☐ Cold/Flu/Fever
- ☐ Infectious Disease
- ☐ Diabetes
- ☐ High Blood Pressure
- ☐ Low Blood Pressure
- ☐ Heart Disorder
- ☐ Circulation Disorder
- ☐ Phlebitis
- ☐ Varicose Veins
- ☐ Abdominal Disorder
- ☐ Respiratory Disorder
- ☐ Other

If you ticked any box above, please give details *(if not explained previously)*

Other Relevant Information

Please note any other information relevant to the massage in the space below.

Are you wearing contacts?

How much water do you drink each day?

Questions continue ▸

4 Therapist/Client Relationship

Therapist Committments

As a professional massage therapist I make the following committments to you the client

I shall care for your health, well-being, comfort and ease with the utmost skill appropriate to my current qualifications.

I shall protect your privacy, modesty, and morality with the utmost honour, dignity and respect.

If I find that your needs are outside my range of training I will immediately recommend referral to a more appropriate therapist.

I shall treat with utmost confidence the contents of this Client Information form and any other information you choose to share with me during therapy sessions.

A copy of any records kept by me concerning you and the therapy sessions I provide you, will be made available to you, upon a written request signed by you.

If I am unable to keep a previously booked session I will strive to provide you with at least 24 hours notice. If I am unable to do this I will offer you a replacement session at half price or less.

Client Committments

As my client I request you agree to the following statements

I declare that the information I have provided on this form is to the best of my knowledge true and accurate and that I have not intentionally withheld any information relevant to the massage.

I understand that any therapy provided to me by the practioner does not constitute medical treatment.

If I am unable to keep a previously booked session I will strive to provide the therapist with at least 24 hours notice. I understand that a charge may be levied where adequate notice is not given for missed appointments.

Client Signature

Date

/ /