



Welcome and please complete the following. All information is strictly confidential.

DEMOGRAPHIC INFORMATION

Last Name:		First Name:		MI:
Street Address:			Apt #:	
City:		State:		Zip:
Home #:	Cell #:	Cell Provider:	Texts? Y/N	
Email:		Job Tasks:		
Birthdate:		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		
How did you hear about us?			Are you on Facebook? Y or N	

Date: _____

Last Name: _____

First Name: _____

EMERGENCY CONTACTS

Emergency Contact:	Relationship:
Address:	Phone #:

I understand that the services offered through *Therapeutic Massage and Bodywork, LLC* are not a substitute for medical care and that any information provided by the therapist is for educational purposes only and is not diagnostically prescriptive in nature. I agree to actively participate, as much as possible, in my own healing. I have disclosed all known medical and physical conditions and will keep my therapist updated. I understand all policies and will adhere to them.

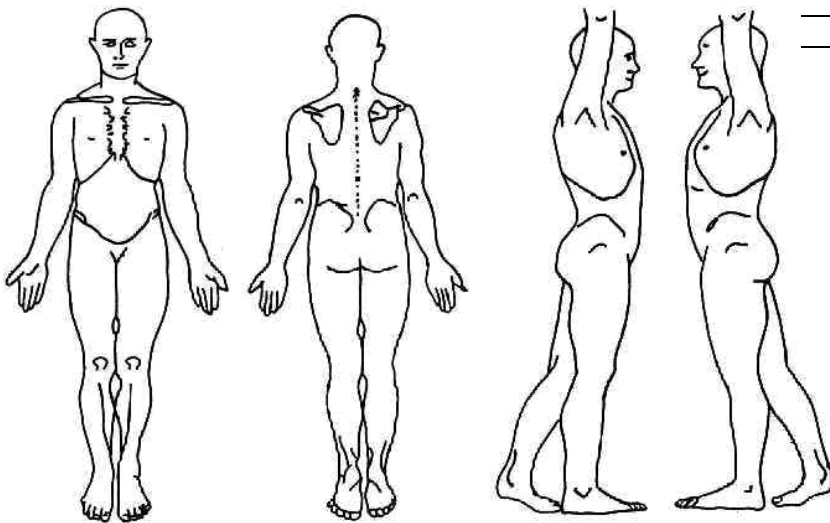
Client Signature: _____ Date: _____

MEDICAL HISTORY

Current Physician(s): _____

Indicate areas of discomfort below.

What activities/movements cause discomfort?



Please check YES or NO!

- Y_____N_____Any allergies (skin, food)
- Y_____N_____Any contagious disease
- Y_____N_____Arthritis
- Y_____N_____Cancer
- Y_____N_____Diabetes
- Y_____N_____Headaches
- Y_____N_____Heart Problems
- Y_____N_____Hematoma, Bruise
- Y_____N_____High Blood Pressure
- Y_____N_____Lymphedema
- Y_____N_____Pregnancy
- Y_____N_____Skin Condition
- Y_____N_____Varicose Vein
- Y_____N_____Other Medical Condition