NATURE MEDICA
Detox Spa & Naturopathic Clinic

Massage Therapy Client Information

Name _____ Phone (____)_____ DOB _____

Address _____ City _____ State _____ Zip _____

E-mail _____ Occupation _____

Referred by _____ Phone (____)_____

Emergency Contact _____ Phone (____)_____

Physician_____ Phone (____)_____

Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition, or specific symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided.

Have you received professional massage/bodywork? □ Yes □ No Date _____ How often?_____

What are your massage/bodywork goals? _____

What kind of pressure do you prefer? □Light □Medium □Firm

Please list any activities/hobbies you have and frequency _____

If you answer "yes" to any of the following questions, please explain.

□Yes □No Do you frequently suffer from stress?
□Yes □No Do you have diabetes?
□Yes □No Do you experience frequent headaches?
□Yes □No Are you pregnant?
□Yes □No Do you suffer from arthritis?
□Yes □No Are you wearing contact lenses?
□Yes □No Are you wearing dentures?
□Yes □No Do you have high blood pressure?
□Yes □No Are you taking blood pressure medication?
□Yes □No Do you suffer from epilepsy or seizures?
□Yes □No Do you suffer form joint swelling?
□Yes □No Do you have varicose veins?
□Yes □No Do you have contagious diseases?
□Yes □No Do you have osteoporosis?
□Yes □No Do you have allergies?
□Yes □No Do you bruise easily?
□Yes □No Have you had broken bones?
□Yes □No Have you had other injuries?
□Yes □No Do you have tension or soreness in a specific area?
□Yes □No Do you have cardiac or circulatory problems?
□Yes □No Do you suffer from back pain?
□Yes □No Do you have numbness or stabbing pains?
□Yes □No Are you sensitive to touch or pressure in any area?
□Yes □No Do you have decreased sensation in any area?
□Yes □No Do you have difficulty lying on your front, back, or side?
□Yes □No Have you had surgery? Explain below.
□Yes □No Do you have any other medical condition? Please explain below.

Comments

_____

_____

_____

NATURE MEDICA
Detox Spa & Naturopathic Clinic

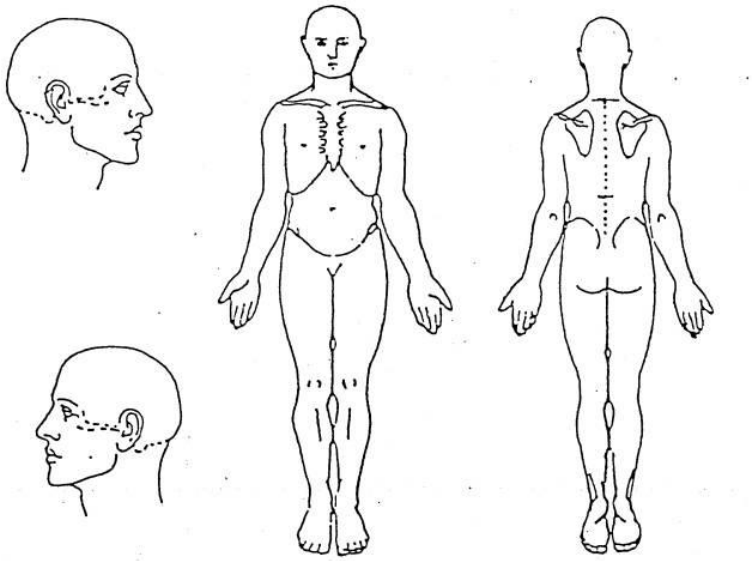
Massage Therapy Client Information

Please list any current medication

_____

_____

Please indicate areas of focus for your treatment below.



I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of soft tissue dysfunction. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and /or strokes may be adjusted to my comfort. I further understand that massage or 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 alignment 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 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 or owner's part if I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made will result in the immediate termination of the session, and I will be liable for payment of the scheduled appointment.

Client signature _____ Date _____

Practitioner signature_____ Date _____

Consent to treatment of minor: By my signature below, I herby authorize_____ to administer massage, bodywork, or somatic therapy techniques to my child or dependent as they deem necessary.

Signature of Parent or Guardian _____ Date _____