

# Harmony & Balance Massage and Wellness

## New Client Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about us? Internet Current Client Print Ad Other \_\_\_\_\_

Occupation: \_\_\_\_\_

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

Have you ever experienced a professional massage/ bodywork session? Yes \_\_\_ No \_\_\_ How recent? \_\_\_\_\_

What type of pressure do you prefer? Light Medium Firm Goals/area of focus? \_\_\_\_\_

Y N Do you suffer from Stress?

Y N Do you have diabetes?

Y N Do you have a Thyroid Condition?

Y N Do you experience frequent headaches?

Y N Are you pregnant?

Y N Do you suffer from arthritis?

Y N Do you suffer from Joint swelling?

Y N Do you bruise easily?

Y N Do you suffer from epilepsy or seizures?

Y N Have you ever had surgery? Year? \_\_\_\_\_

Y N Do you have any contagious disease?

Y N Do you have varicose veins?

Y N Any broken bones in the past 2 years?

Y N Do you have osteoporosis?

Y N Do you have any numbness or shooting pain?

Y N Any injuries in the past 2 years?

Y N Do you suffer from back pain/disc herniation?

Y N Are you sensitive to touch in any area?

Y N Do you have high blood pressure, cardiac or circulatory problems?

Y N Do you have any allergies or sensitivities? (i.e. nuts, shellfish, seasonal allergies, scents, etc..)

Y N Any other medical conditions or medications you are taking? \_\_\_\_\_

Any areas to avoid? Glutes Feet Face Scalp Other \_\_\_\_\_

I understand that the massage/bodywork treatment I receive is provided for the purpose of relaxation and relief of muscle tension. If I experience any pain or discomfort during the session, I will immediately inform the practitioner so that the pressure may be adjusted to my comfort level. I further understand that massage/bodywork should not be construed as a substitute for a medical exam, diagnosis, or treatment and that I should see a qualified medical specialist for any ailment I am aware of. I understand that massage/bodywork practitioners are not qualified to perform any spinal 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. Due to bodywork being contraindicated under certain conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated to any any changes in my medical profile, and understand that there shall be no liability on the practitioners part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me may result in immediate termination of the session, and that I am responsible for full payment of the scheduled appointment.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature of consent if under 18 \_\_\_\_\_