



Client Info Sheet *(please complete both pages)*

Date: _____

Name	DOB
Address	City, State, Zip
Phone	Email
Occupation/Employer	Referred by

History and Goals

What are your goals for today's appointment? _____

What are your longer term goals in terms of massage therapy and/or energy work? _____

What types of health care and self-care make up your current routine and what is their frequency?

<input type="checkbox"/> acupuncture frequency? _____	<input type="checkbox"/> physical therapy frequency? _____	<input type="checkbox"/> massage frequency? _____	<input type="checkbox"/> yoga frequency? _____
<input type="checkbox"/> chiropractic frequency? _____	<input type="checkbox"/> meditation frequency? _____	<input type="checkbox"/> exercise: what type(s)? _____ frequency? _____	
<input type="checkbox"/> other: please list _____ frequency? _____	<input type="checkbox"/> other: please list _____ frequency? _____		

Are you looking to receive: massage? reiki? not sure

Have you had a professional massage before? yes no

Have you received energy work before (e.g. acupuncture, Reiki, chakra clearing)? yes no

Are you allergic or sensitive to any scents? yes (please describe: _____) no

Lifestyle

How does your body spend most of its time (i.e. driving, sitting at a desk, manual labor, etc.)? _____

Rate your stress level on a scale of 1-10 (10 = highest): _____

Describe how you believe your stress level affects your health (insomnia, irritability, muscle tension, digestive issues, difficulty concentrating, etc.): _____

Are you pregnant? yes no n/a If yes, when are you due? _____

Have you had any injuries recently (e.g. whiplash, muscle strain)? yes no

If yes, please describe _____

Are you currently ill (e.g. cold, flu)? If yes, please describe _____ yes no

Have you taken any medications today (e.g., anti-inflammatories, muscle relaxants)? If yes, please describe _____ yes no

Do you have a medical condition that requires a modification in massage technique? yes no
If yes, please describe _____

Are you aware of any reason you should not be receiving massage/bodywork? yes no
If yes, please describe _____

Please check any of the following which apply to you.

- | | | |
|---|---|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Varicose veins | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Spinal problems | <input type="checkbox"/> Blood clots | <input type="checkbox"/> Heart problems |
| <input type="checkbox"/> Open lesions/cuts | <input type="checkbox"/> Diabetes | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Skin problems (e.g., eczema, athlete's foot) | | |

If you checked any of the above, please describe _____

Informed Consent (required)

I, **the undersigned**, understand that massage therapy and energy work is for the purpose of stress reduction, relief from muscular tension, general relaxation, and improvement of circulation. I also understand that the therapist does not diagnose illness, disease, or any other physical or mental disorders; does not prescribe medical treatments or pharmaceuticals; nor does she perform any spinal manipulations. It has been made clear to me that massage and energy therapy are not substitutes for medical treatment and that it is recommended that I see a physician for any physical ailment that I might have. I have stated all my known medical conditions and take it upon myself to keep the massage therapist updated on changes in my physical health. With this in mind, I agree that the therapist cannot be held liable for any problems that might arise as a result of my massage sessions.

Signature _____

Date _____

NOTE: Because I work with energy, you may experience any of a wide variety of sensation, emotions, memories, etc. during your session. Sometimes these experiences are very pleasant; other times they are indicative working through and moving out energetically stored trauma and/or blocks. In either case, this process will ultimately enhance your overall wellbeing.

Cancellation Policy (required)

Because of the appointment based nature of this business, please provide at least 24 hours' notice if you need to reschedule or cancel your appointment. If you are not able to do so, you will be charged 100% of the appointment fee.

I have reviewed the cancellation policy described above. _____
(Initials)

Thank You!