MASSAGE / ACUPRESSURE CLIENT INFORMATION FORM

Name____ Date: ___________________

Your Occupation ____

CLIENT MEDICAL INFORMATION (Please write on the reverse side of this page if necessary)

Yes [ ] No [ ] Have you had Massage, Acupressure, Acupuncture, or other Bodywork therapies before?
If yes, which, and how recently? ____

Yes [ ] No [ ] Do you frequently suffer from stress?
Yes [ ] No [ ] Do you experience frequent headaches?
Yes [ ] No [ ] Do you have spells of dizziness or lightheadedness?
Yes [ ] No [ ] Do you suffer from epilepsy or seizures?
Yes [ ] No [ ] Do you have any physical movement limitations or difficulty in movement?
If yes, where?____

Yes [ ] No [ ] Do you have swollen, stiff, or painful joints?
If yes, where?____

Yes [ ] No [ ] Do you have varicose veins?
Yes [ ] No [ ] Do you bruise easily?
Yes [ ] No [ ] Do you have osteoporosis?
Yes [ ] No [ ] Have you had any broken bones in the past two years?
If yes, please list:____
____

Yes [ ] No [ ] Do you currently have any contagious diseases?

Yes [ ] No [ ] Have you been in an accident or suffered any injuries? If yes, what are they?

____

Yes [ ] No [ ] Do you have cardiac or circulatory problems?
Yes [ ] No [ ] Are you very sensitive to touch or pressure in any area?

Yes [ ] No [ ] Have you ever had surgery? Please explain: ______________________________________
____
____

Yes [ ] No [ ] Do you have tension or soreness (including sprains/strains) in a specific area? Please specify.
____
____
____

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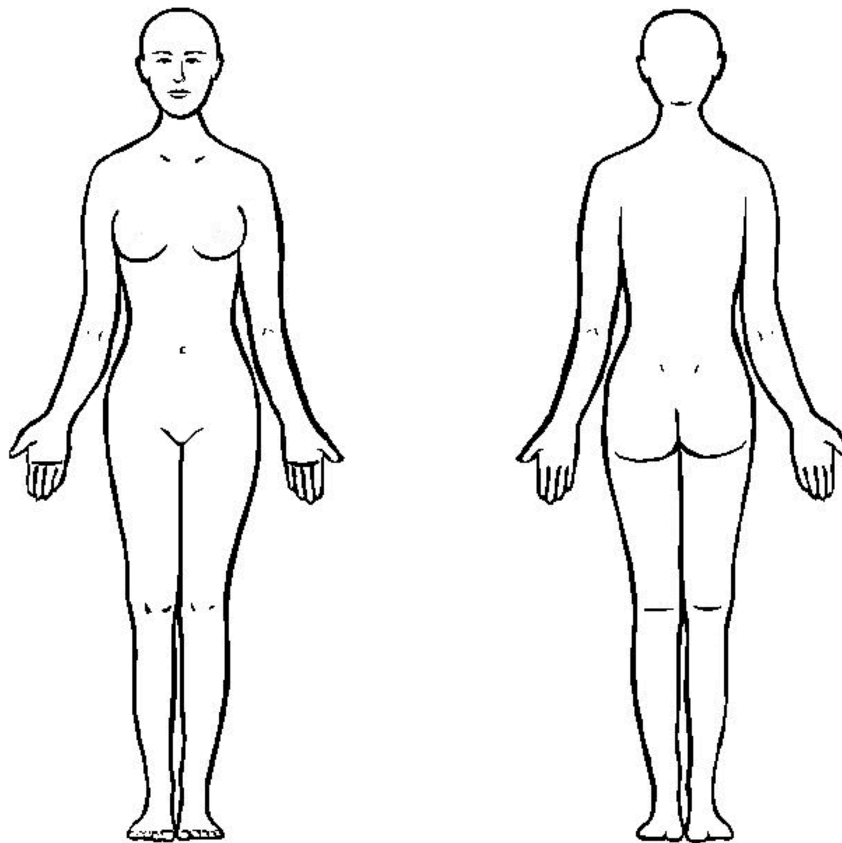
Yes [ ] No [ ] Do you exercise? Please list activities, frequency, and intensity:
____
____
____

Yes [ ] No [ ] Any other concerns your therapist should be aware of? Please explain:
____
____
____

BODY MAP

Please draw CIRCLES around areas that need extra attention today, such as areas of pain, tension, needed muscular release, etc.



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What are your goals for the session today?

Consent to Treatment of Dependent or Minor: By my signature below, I hereby authorized the therapist to administer massage therapy to a dependent or minor child client (name above) as they mutually deem necessary.

Parent / Guardian Full Printed Name: ____

Signature of Parent / Guardian:____ *Date*:___________________