

# CONFIDENTIAL CLIENT INFORMATION

TODAY'S DATE: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (h): \_\_\_\_\_ (w) \_\_\_\_\_ (cell) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Referred by: \_\_\_\_\_ Your e-mail: \_\_\_\_\_

Reason for Visit: \_\_\_\_\_

Is this your first professional massage? Yes No If no, how frequently do you get a massage? \_\_\_\_\_

Please state **any recent** injuries, surgeries, accidents or medical treatments:

\_\_\_\_\_  
\_\_\_\_\_

Please **CHECK** any of the following conditions you have currently. Please **CIRCLE** any conditions you've had in the past.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Neck/Spine Injury | <input type="checkbox"/> High Blood Pressure  | <input type="checkbox"/> Liver Ailment  |
| <input type="checkbox"/> Back Pain         | <input type="checkbox"/> Low Blood Pressure   | <input type="checkbox"/> Kidney Ailment |
| <input type="checkbox"/> Sciatica/Leg Pain | <input type="checkbox"/> Skin Disorders       | <input type="checkbox"/> Heart Ailment  |
| <input type="checkbox"/> Carpal Tunnel     | <input type="checkbox"/> Infectious Disease   | <input type="checkbox"/> Fibromyalgia   |
| <input type="checkbox"/> TMJ Syndrome      | <input type="checkbox"/> Diabetes             | <input type="checkbox"/> Cancer         |
| <input type="checkbox"/> Sport Injuries    | <input type="checkbox"/> Arthritis            | <input type="checkbox"/> PMS Syndrome   |
| <input type="checkbox"/> Headache          | <input type="checkbox"/> Cold/Flu/Fever (now) | <input type="checkbox"/> Grief Process  |
| <input type="checkbox"/> Varicose Veins    | <input type="checkbox"/> Pregnancy            | Other _____                             |

Are you currently under the care of a physician? \_\_\_\_\_ If "Yes" whom? \_\_\_\_\_

Please list reason(s): \_\_\_\_\_

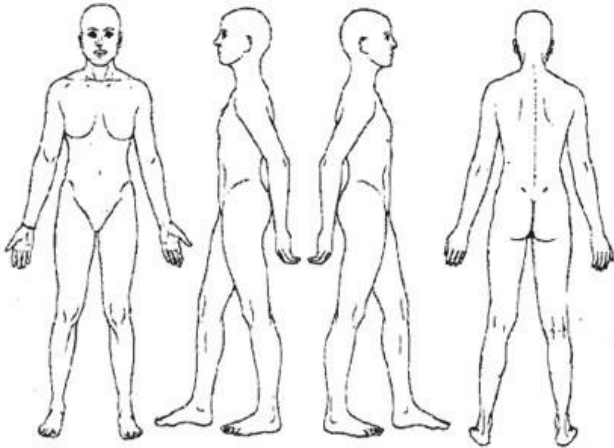
\_\_\_\_\_  
Please list any medications taken now or at regular intervals: \_\_\_\_\_

\_\_\_\_\_

**All services at Serene Bodyworks are professional, non-sexual and follow the law of the State of Florida and the professional Code of Ethics of the Florida State Massage Therapy Association. Anyone who makes an inappropriate request or acts inappropriately will have their session ended immediately with the scheduled session fee due in full.**

**PLEASE COMPLETE BACK OF THIS PAGE**

Please circle on the figures below where you are experiencing pain:



Therapist Notes:

S: \_\_\_\_\_

O: \_\_\_\_\_

A: \_\_\_\_\_

P: \_\_\_\_\_

What is your level of pain? 0 means no pain; 10 extreme pain

0      1      2      3      4      5      6      7      8      9      10

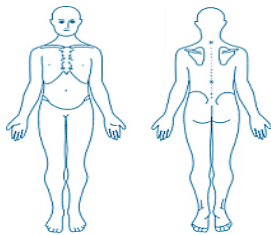
Any additional comments: \_\_\_\_\_

I understand that massage therapy is intended to enhance relaxation, reduce pain caused by muscle tension, increase range of motion, improve circulation, improve body awareness, increase sense of well-being, and offer a positive experience of touch.

I understand that the massage therapist does not diagnose illness, disease or any other physical or mental disorder. As such, the massage therapist prescribes neither medical treatment nor pharmaceuticals nor performs any spinal manipulations.

It has been made clear to me that this massage is not a substitute for medical examination and/or diagnosis and that it is recommended that I see a physician for any physical ailments I might have. Because a massage therapist must be aware of existing physical conditions I have stated all my known medical conditions and take it upon myself to keep the massage therapist updated on my physical health.

I am indicating to my massage therapist those areas that I **do not want included** in my massage by circling the areas on the figures below.



**Note: abdominal massage is included only when requested**

**CANCELLATION POLICY** Appointments that are not cancelled or rescheduled within 24 hours of your scheduled appointment time will be billed the full treatment amount to you.

Signature: \_\_\_\_\_