

# Massage Therapy Center

## Client Health Form and Client Information Form (Two Pages)

Welcome, and thank for you choosing to visit the Massage Therapy Center. Answering the following questions will help your practitioner determine the proper course for your first treatment and for your future visits. Just print, fill out, and bring both pages of this form with you when you first come in. We look forward to seeing you soon.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Today's Date \_\_\_\_\_

My primary reason for visiting today is: \_\_\_\_\_

### Please answer the following (Circle where indicated)

Have you had a professional massage before? Yes No

Do you exercise regularly or participate in any sports? Yes No

If yes, what kind and how often? \_\_\_\_\_

Do you wear contact lenses? Yes No

Do you wear dentures? Yes No

Do you have any skin problems? Yes No

If yes, please describe \_\_\_\_\_

Do you have any allergies? Yes No

If yes, please describe \_\_\_\_\_

Have you suffered an acute injury in the past year? Yes No

If yes, please describe \_\_\_\_\_

Do you take any prescribed medication? Yes No

If yes, please describe \_\_\_\_\_

Do you have any spinal problems? Yes No

If yes, please describe \_\_\_\_\_

If you are pregnant, in which trimester are you? \_\_\_\_\_

Do any of the following apply to you? (circle any which apply)

Varicose Veins, Arthritis, Blood Clots, Heart Problems

High Blood Pressure, Low Blood Pressure, Cancer, Other Condition \_\_\_\_\_

Do you have any tense or sore areas that require special attention? Yes No

If yes, please describe \_\_\_\_\_

Do you have any medical conditions that we should be aware of before giving you massage therapy or skin care treatment? Yes No

If yes, please describe \_\_\_\_\_

I, \_\_\_\_\_, understand that treatments given here are for the purpose of stress reduction, relief from muscular tension or spasm, or for increasing circulation and energy flow. I understand that massage therapists and estheticians do not diagnose illnesses, disease or any other physical or mental disorder. As such, the practitioners do not prescribe medical treatment or pharmaceuticals, nor do they perform spinal manipulations. It has been made clear to me that this therapy is not a substitute for medical examinations and/or diagnosis, and that it is recommended that I see a physician for any physical ailment that I may have. Because the practitioner must be aware of existing physical conditions, I have stated all of my known medical conditions and take it upon myself to keep the massage therapist(s) updated on my physical health.

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

Practitioner \_\_\_\_\_ Date \_\_\_\_\_

# Massage Therapy Center Client Information Form

All client information is strictly confidential and will never be released to a third party without your written consent.

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_ First Appt. Date \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

**By providing your address and email you will have access to online booking and will receive special offers and discounts only from the Massage Therapy Center by mail and email. Your information will never be sold or released to a third party.**

How did you learn about the Massage Therapy Center?

\_\_\_\_ Received MTC Gift Card \_\_\_\_ Spa Finder Gift Certificate/Card \_\_\_\_ Spa Wish Gift Cert/Card

\_\_\_\_ Yellow Pages \_\_\_\_ Friend \_\_\_\_ Relative \_\_\_\_ Saw Banner On Side of Building

\_\_\_\_ Saw Sign at Front Door/Walking By

\_\_\_\_ Internet (please circle how you found our site below):

Yahoo Google City Search MSN AOL Superpages.com Smartpages.com

SpaWish SpaWeek SpaFinder Yelp Other \_\_\_\_\_

\_\_\_\_ Typed www.massagenow.com directly into my browser (if so, where did you first hear about our website? \_\_\_\_\_)

Name of person who referred you if applicable \_\_\_\_\_

**I agree to have you send me special offers and discounts by mail and email and understand that I may request to have my name removed from these mailings at any time by calling 310-444-8989.**

\_\_\_\_\_

Signed

Dated