

Confidential Client Information & Health History

First Name: _____ M.I.: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (H) _____ (C) _____ D.O.B.: _____

Employer: _____ Occupation: _____ Phone: _____

Emergency Contact/Relationship: _____ Phone: _____

Referred By: _____ Marital Status: _____

Is this your first professional massage? YES or NO

If no, how frequently do you get a massage? _____

Describe any surgeries, hospitalizations, accidents or injuries you have had and explain what kind of care you received for accidents or injuries:

Less than 5 years ago: _____

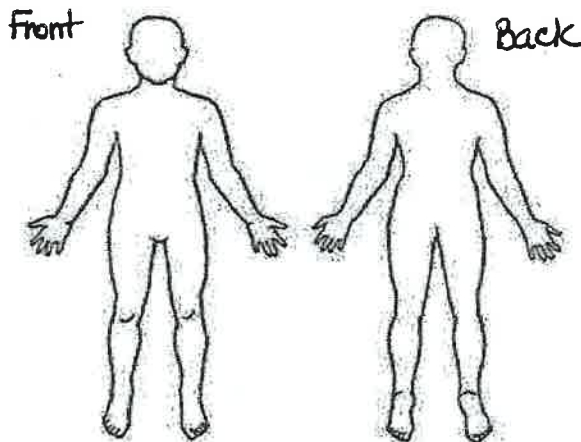
More than 5 years ago: _____

Please list any medications (vitamins, herbs or pharmaceuticals) taken now or at regular intervals and please include what the medication treats.

Are there any other health concerns you wish to discuss today? YES or NO

If yes, please describe: _____

Please indicate on the drawing below where you experience pain:



Are you currently experiencing any of the following conditions?

_____ Flu or Cold _____ Inflammation _____ Fever _____ Infection _____ Contagious Disease

Please check any of the conditions below that currently affect you

MUSCULOSKELETAL

Fibromyalgia Spasms/Cramps Sprains/Strains Osteoporosis Gout
 Rheumatoid Arthritis Postural Deviations Osteoarthritis TMJ Cysts
 Bursitis Plantar Fasciitis Tendonitis Hip Pain Torticollis Sciatica
 Whiplash Syndrome Carpal Tunnel Syndrome Headache Thoracic Outlet Syndrome
 Leg Pain Arm/Shoulder Pain Low Back Pain Mid Back Pain neck pain
 other, please describe: _____

RESPIRATORY

Pneumonia Sinusitis Asthma Trouble Breathing Dizziness
 other, please describe: _____

CIRCULATORY

Anemia Hemophilia Hypertension Low Blood Pressure Diabetes
 Raynaud's Disease Varicose Veins Heart Condition Blood Clots/Phlebitis
 other, please describe: _____

DIGESTIVE

Ulcers Colitis Gall Stones Hepatitis Irritable Bowel Syndrome
 Crohn's Disease Diarrhea Gas/Bloating Indigestion
 other, please describe: _____

SKIN

Fungal Infections Acne Impetigo Dermatitis/Eczema Psoriasis
 Open Wound/Sore Rashes Warts/Moles Athletes Foot
 other, please describe: _____

NERVOUS SYSTEM

ALS Multiple Sclerosis Parkinson's Disease Bell's Palsy Neuritis
 Spinal Cord Injury Stroke Trigeminal Neuralgia Seizure Disorders
 Numbness/Tingling other, please describe: _____

OTHER

Insomnia Anxiety/Panic Attacks PMS Grief Process Cancer HIV/AIDS
 Substance Abuse Pregnancy Chronic Fatigue Lupus Kidney Disease Edema
 Bladder Infection Postoperative Situation other, please describe: _____

The above information is accurate and true to the best of my knowledge. I understand that massage therapists do not diagnose disease, prescribe medications or manipulate bones. I further understand that massage therapy is not a substitute for medical attention or examination. I take responsibility for alerting my practitioner to any physical, mental or emotional changes that occur with my health. I also understand cancelled or missed appointments without 24 hours' notice (medical emergencies excluded) may be charged in full for the price of the missed session.

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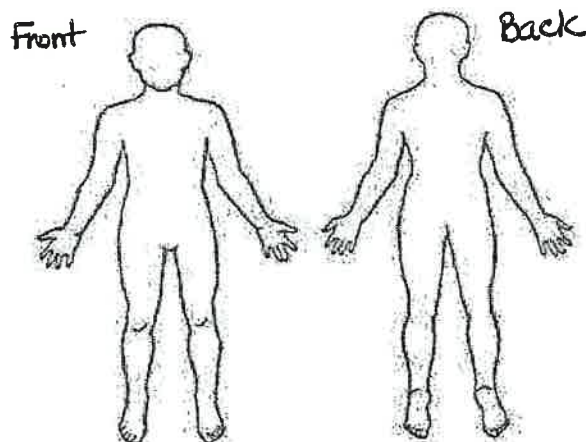
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Cancellation and "No-Show" Policy (for Massage only)

Most massage appointments are scheduled days and weeks in advance. Please respect our cancellation policy and understand that last minute cancellations and "no-show" appointments are not acceptable and are detrimental to our business.

We have reserved this time especially for you. Unless there is an emergency, we request that you cancel your appointment 4 hours in advance. Failure to do so will result in a charge of \$30.00. You will not be able to schedule another massage until payment is made. Alternatively, if you find someone to fill your appointment, you will not be charged.

Late Arrivals

If you are running late, please call within the first 15 minutes of your session. If we do not receive a phone call from you, we will assume that you are a "no-show" and release the remainder of your time, and you will be responsible for payment of the missed session, in the amount of \$30.00.

Late arrivals, up to 15 minutes, will receive the balance of the time remaining and will be charged for the full appointment. (We regret that we are unable to extend your time if you are late.)

Please call 601-261-9495 if you need to cancel or reschedule your massage appointment. We do have an answering machine so you may call before or after hours if necessary and leave a message.

Signature:

Date: