

Balanced Rock Therapeutic Massage

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone numbers: _____

Email: _____

How did you hear about Balanced Rock Body Work?:

Occupation: _____

Have you received a professional massage previously? YES NO

If yes, was it a positive experience? YES NO

Primary reason for appointment / area(s) of pain or tension: _____

Emergency Contact Name and Phone number(s): _____

Please mark all conditions that apply:

_____ Abdominal/Digestive problems

_____ Allergies/Sensitivities

_____ Asthma or Lung Conditions

_____ Blood clots

_____ Cancer/tumors

_____ Chronic pain

_____ Dental Bridges/Braces

_____ Headaches/Migraines

_____ Hearing problems/Deafness

_____ Heart/Circulatory Problems

_____ High or low blood pressure (circle)

_____ Infectious Disease

_____ Face/Head Injuries

_____ Jaw Pain/TMJ Problems

_____ Muscle/Joint Pain

Location(s) _____

_____ Numbness/Tingling

_____ Pregnancy - currently

_____ Rashes / Athlete's foot

_____ Sinus Problems

_____ Sleep Difficulties

_____ Spinal Column Disorder

_____ Sprains / Strains

_____ Varicose Veins

_____ Other Medical Conditions:

Please list any recent accidents or surgeries or past events that continue to cause pain or that you feel that I should be aware of:

Please list any medications (prescription or other) you are currently taking and the reason for use:

Please list all forms of physical activity you engage in on a regular basis (sports, hobbies, exercise, etc):

Informed Consent

I, _____, understand the bodywork I receive will be provided for the basic purpose of relaxation and therapeutic relief of muscular tension or spasm or for increasing circulation and energy flow. If I experience any pain or discomfort during the session, I will immediately inform the massage therapist so that the pressure and/or strokes can be adjusted to my level of comfort. I further understand that bodywork is not a substitute for medical examination, diagnosis or treatment. I understand the massage therapist is not qualified to perform spinal or skeletal adjustments, diagnosis, prescription or treatment of any physical or mental illness, and that nothing said in the course of the session should be construed as such. Bodywork should not be performed under certain medical conditions; I affirm that I have stated all my known medical conditions and answered all my questions honestly. I agree to keep the massage therapist updated as to any changes in my medical profile and understand that there shall be no liability on Balanced Rock Bodywork, should I fail to do so. I also acknowledge that I may be refused treatment on the grounds of personal cleanliness or suggestive statements or actions.

Client Signature: _____ Date: _____