

Relaxation/Therapeutic Massage

David Denton – Certified Massage Practitioner

Client Information

Name _____ Date of Birth: ____ / ____ / ____

Address _____ Phone: (day) _____

(evening) _____

Occupation(s) _____ Referred By: _____

Interests _____

Are you presently under a doctor's or therapist's care? _____

If so, for what? _____

Have you ever had a professional massage or other type of bodywork? _____

If so, what kind(s)? _____

What do you hope to gain from massage? _____

Please circle any of the following which presently apply to you:

Allergies Arthritis AIDS Blood Pressure

Bone Injury Cancer Cold or Flu Diabetes

Disc Problem Heart Disease Headaches Infection

Joint Injury Osteoporosis Phlebitis Dentures

Recent Injury Skin Condition Blood Clots Varicose Veins

Taking Medication Epilepsy Contact Lenses Easy Bruising

Herpes I or II Inner Ear Problem Hearing Aid *I.U.D.

*Norplant *Pregnant *PMS/Painful Menstruation

* for women only

If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided. I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of. I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so.

Client Signature _____ Date _____