CLIENT HEALTH HISTORY & CONSENT- CONFIDENTIAL

-Anyone under the age of 18
must be accompanied by a parent to receive massage-

Name____Date of birth___________

Address___________________________City________________State/Zip_________

Preferred Phone#__________________________Cell_____Work_____Home______

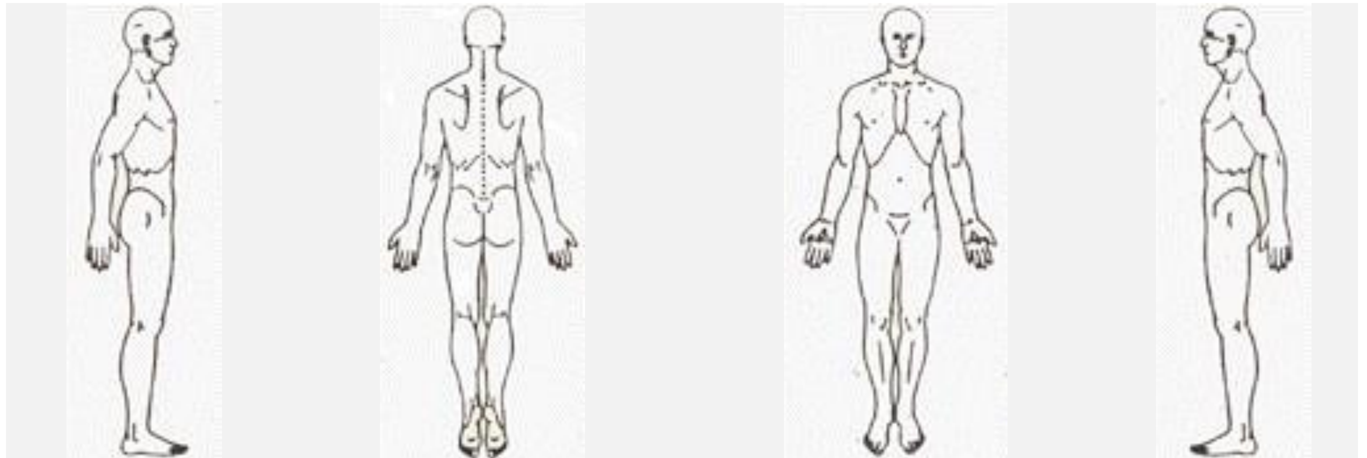
Email Address______________________________(Appointments confirmed by email)

EMERGENCY CONTACT NAME & PHONE#___________________________________

Do you consent to email newsletters at the above email address? Yes___No___

Do you consent to text appointment reminders to your cell phone? Yes___No___

Please (X) any areas of stiffness (C) chronic pain (S) sharp pain:



Are you currently taking any medications? Yes__ No__

If yes, please list name and reason for medications

Are you under current treatment by a physician/surgeon/specialist? Yes__ No__

If yes, please list reason/treatment

Today any:
__fever
__swollen glands
__headache/migraine
__skin condition/sensitivity/sunburn
__open sores/bruises
__sprains/strains
__pregnant? Due date________

Are you diagnosed with:

__AIDS
__**allergies**
__Atherosclerosis (artery plaque build-up
__**arthritis**
__**artificial joint/prosthesis**
__**autoimmune disorder**
__**blood clots/deep vein thrombosis**
__blood pressure high or low
__**bulging disks**
__Carpal Tunnel Syndrome
__**cancer**
__Diabetes
__Epilepsy/seizures
__Fibromyalgia
__**fractures** (less than 5 years ago)
__**heart condition**
__Hepatitis (A, B, C)
__Osteoporosis
__Phlebitis (vein inflammation)
__**stroke**
__**surgeries** (less than 5 years ago)
__whiplash

If you marked any of the **bold** conditions, please explain here:

Policies:

- $20 charge for cancellations with less than 24 hours' notice (15 minute massages excluded)
- Full price of massage/therapy scheduled will be charged to no-shows
- Credit or debit card required on file to hold appointment times and for charging as stated above
- No charges for cancelling when you are ill or have a true emergency (if you notify us)
- Late arrivals do not receive the full length of their massage/therapy but will be charged the full amount
- Sexual remarks, advances, foul language, suggestive comments will immediately end the massage and incur the full charge of time scheduled

Massage should not be performed under certain medical conditions and by signing below, you as the client acknowledge that you have answered all questions honestly and completely and understand that information withheld may adversely affect the outcome of your massage. Massage should not be construed as a substitute for a medical examination, diagnosis or treatment and nothing said in the course of any session should be construed as such. By signing below, you state that you understand the policies stated here, accept and agree to follow them and to release the therapist and Take 5 Massage from liability should you fail to do so or if you have withheld medical information.

Signature:____Date_____________

Guardian Signature if under 18_____________________________Date_____________