

# Client Registration

## Contact Information

Client Name:

Gender:

Date of Birth:

Address:

Phone:

Occupation:

Email:

Emergency contact:

## Medical Conditions

headache       tendonitis       sleep difficulties       blood clots  
 chronic pain       sprains/strains       jaw pain/teeth grinding       cancer/tumors  
 varicose veins       diabetes       skin problems or allergies       infectious disease  
 vision problems       fatigue       high/low blood pressure       sinus problems  
 scoliosis       arthritis       numbness/tingling       depression  
 swelling       surgery       pregnant/months       muscle/joint pain

Please list and explain anything else you think therapist should be aware of: \_\_\_\_\_

How do you feel today? \_\_\_\_\_

What types of massage do you prefer? \_\_\_\_\_

What kind of pressure do you prefer? Light Medium Firm

What is your expected outcomes for receiving massage? \_\_\_\_\_

How you found us? \_\_\_\_\_

**Disclaimer :** This place of business will not be held liable for any injury or condition that arises from application of massage despite completion of this form. This form is intended as an assessment tool only and serves as a guide for the application of massage not for medical examination, diagnosis, or treatment. Clients under the age of 18 must have parent/guardian's signature. 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. Because massage should not be performed under certain medical conditions, 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 fail to do so.

**Cancellation Policy :** By signing this form you agree that if you need to cancel or reschedule an appointment, you will have till the close of business the day before your appointment to cancel to avoid being charged a fee. Any cancellations, not showing up to your appointment and changing your appointment the same day will result in a full charge of the session.

I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment. Understanding all of this, I give my consent to receive care.

**Client Signature:**

**Date:**