

Personal Reflection Day Spa

Therapeutic Massage

Name _____ Phone _____

Address _____

City/ State/ Zip _____

Email _____ Date of Birth _____ Occupation _____

Emergency Contact _____

How did you hear of us? _____

Medical History

1. Are you currently under medical supervision? Yes No

If yes, please explain _____

2. Do you see a chiropractor? Yes No If yes, how often? _____

3. Are you currently taking any medications? Yes No

If yes, please list _____

4. Please check any condition listed below that applies to you:

contagious skin condition

open sores or wounds

easy bruising

recent accident or injury

nervous tension

recent surgery

recent fracture

artificial joint

sprains/ strains

current fever

swollen glands

allergies/ sensitivity

heart condition

high or low blood condition

circulatory disorder

varicose veins

phlebitis

deep vein thrombosis/ blood clots

joint disorder/ rheumatoid arthritis/ osteoarthritis

tendonitis

osteoporosis

epilepsy

headaches/ migraines

cancer

diabetes/ decreased sensation

back/ neck problems

Fibromyalgia

TMJ

carpal tunnel syndrome

tennis elbow

pregnancy

If yes, how many months? _____

5. Is there anything else about your health history that you think would be useful for your massage therapist to know to plan a safe and effective massage session for you? _____

I, _____ (print name) understand that the massage 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 therapist so that the pressure and/ or strokes may be adjusted to my level of comfort, I further understand that massage 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 understand that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. 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 therapist updated as to any changes in my medical profile and understand that there shall be no liability on Personal Reflection Day Spa's or the massage therapists part should I fail to do so.

Signature of Client _____ Date _____

