

Client Information



STACEY COOK MASSAGE

Name: _____ Phone: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Occupation: _____ Male Female

In case of emergency: _____ Phone: _____

Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided.

Have you ever experienced a professional massage session? Yes No How recently? _____

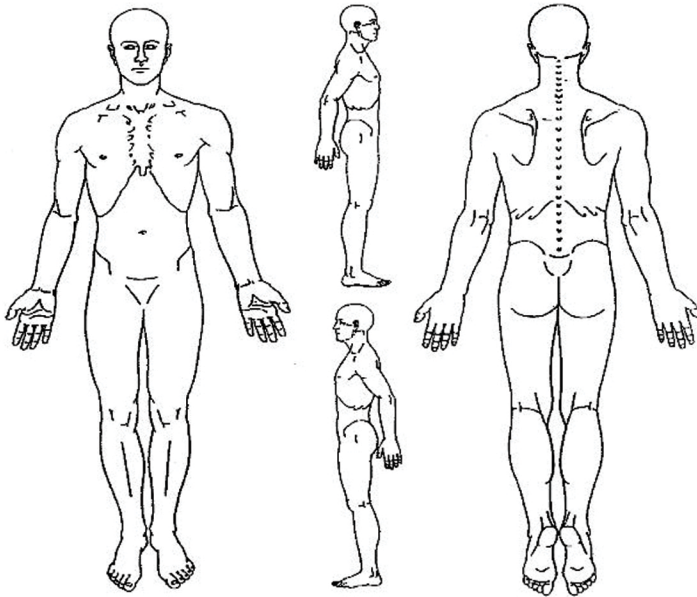
What are your massage or bodywork goals? _____

What kind of pressure do you prefer? light medium firm

Please mark any of the following conditions that you currently have:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> headaches | <input type="checkbox"/> allergies | <input type="checkbox"/> arthritis | <input type="checkbox"/> abnormal skin condition |
| <input type="checkbox"/> tendonitis | <input type="checkbox"/> cancer | <input type="checkbox"/> TMJ | <input type="checkbox"/> high/low blood pressure |
| <input type="checkbox"/> joint surgery | <input type="checkbox"/> major accident | <input type="checkbox"/> blood clots | <input type="checkbox"/> heart/circulation problems |
| <input type="checkbox"/> numbness | <input type="checkbox"/> varicose veins | <input type="checkbox"/> diabetes | <input type="checkbox"/> neck/back injuries |
| <input type="checkbox"/> fibromyalgia | <input type="checkbox"/> sprains, strains | <input type="checkbox"/> recent injuries | <input type="checkbox"/> bruise easily |

Details: _____



Please indicate on the body chart with an (X) where you feel pain or discomfort

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 or 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 of which I am aware. I understand that massage/bodywork practitioners 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/bodywork 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. 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.

Client Signature _____ Date _____

Practitioner Signature _____ Date _____

Consent to Treatment of Minor: By my signature below, I hereby authorize _____ to administer massage, bodywork, or somatic therapy techniques to my child or dependent as they deem necessary.

Signature of Parent or Guardian _____ Date _____