

Massage by Angie

Angie Daniels, CMT

Please fill out all information as accurately and thoroughly as possible.

It is better that you give me too much information, rather than not give me enough information.

Name: _____

Address: _____ City _____ State _____ Zip _____

WK PHONE: () _____ - _____ HM: () _____ - _____ CELL () _____ - _____

Email/Web Site: _____

Date of Birth: _____

Hobbies (optional): _____

Emergency Contact and their relationship to you:

_____ () _____ - _____

Were you referred by anyone? _____ If so, who? _____

Have you ever received massage or bodywork before? (If yes, what was done?)

What (specifically) would you like to receive from this massage?

Would you like me to focus on any specific areas?

Would you like me to stay away from any specific areas?

Health Information:

Do you have or are you any of the following (Please circle Y=Yes or N=No):

Smoker? Y / N	Diabetic? Y / N
Pregnant? Y / N	Varicose Veins? Y / N
Contagious Disease? Y / N	Cancer? Y / N
High/Low Blood Pressure? Y / N	Frequent Headaches? Y / N
Other Heart Conditions? Y / N	Nausea? Y / N
Allergies? Y / N	Dementia? Y / N
Epilepsy? Y / N	Surgery in last 3 years? Y / N
Seizures? Y / N	

Are you currently suffering from any pain related to traumatic experience (i.e.: Car accidents, sports injuries, surgeries) Y / N

If yes, briefly explain (what and when): _____

Do you have any conditions that may require a doctor's note? Y / N

Although I don't anticipate a need for it, is it okay for me to contact your healthcare provider? Y / N

If yes, please input info below.

Name: _____ Phone #: () _____ - _____

I have informed the massage therapist of all my known physical conditions, medical conditions and medications. I will keep the massage therapist informed of any changes or updates. I understand that there shall be no liability on the practitioner's part in regards to undisclosed or unrelayed information.

If I experience any unexpected pain or discomfort during the session, I will immediately notify the massage therapist so that the therapy can be adjusted. I do understand that some of the deeper tissue work may cause a small amount of pain or discomfort.

I attest that the above is true and accurate to the best of my knowledge

Signature _____ Date: _____

Disclaimer: By signing above, I agree that:

I understand a massage therapist is not a doctor and cannot prescribe medications or diagnose medical conditions.

The Therapist does not discriminate on the basis of race, religion, sexual preference or gender.

The Therapist reserves the right to end session in the case of sexual innuendo or advances from client, and client has same right in instance of sexual advances or innuendo from therapist.