

New Client Registration

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_ Cell Home Work (circle one)

Alternate Phone Number \_\_\_\_\_ Cell Home Work (circle one)

Occupation: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Referred by: \_\_\_\_\_ (ask for details about my referral program)

Have you ever received a professional massage? Yes / No Approx. date of last massage \_\_\_\_\_

Are you currently experiencing any cold or flu symptoms? Yes / No

Do you have any lumps, bruises, cuts, scrapes, etc.? Yes / No If yes, please explain \_\_\_\_\_

**Women only:** Are you pregnant? Yes / No If yes, how many weeks? \_\_\_\_\_

What areas would you like me to concentrate on today?  ALL  Head  Face  Neck  Shoulders  Chest  Arms  
 Hands  Upper Back  Middle Back  Low Back  Glutes  Legs  Feet

Are there any areas you would like me to avoid?  Head  Face  Neck  Shoulders  Chest  Arms  Hands  Glutes  Legs  Feet

Medical History and Information

Check any or all that apply to your present health:

headaches/migranes  chronic pain  varicose veins  joint pain  blood clots  numbness/tingling

high/low blood pressure  jaw pain/teeth grinding  sprains/strains  diabetes  fatigue  scoliosis

cancer/tumors  breast implants  anxiety  arthritis  infectious disease  tendonitis  skin problems  allergies

Other not listed \_\_\_\_\_

List all medications and dosage:

\_\_\_\_\_  
\_\_\_\_\_

List previous major injuries/surgeries:

\_\_\_\_\_  
\_\_\_\_\_

## **Massage Therapy Informed Consent**

I, \_\_\_\_\_, (please print) understand that massage therapy provided by Present Moment Massage is intended to enhance relaxation, reduce pain caused by muscle tension, increase range of motion, improve circulation and offer a positive experience of touch. The general benefits of massage, possible massage contraindications and the treatment procedure have been explained to me. I understand that massage therapy is not a substitute for medical treatment or medications, and that it is recommended that I concurrently work with my Primary Caregiver for any condition I may have. I am aware that the massage therapist does not diagnose illness or disease, does not prescribe medications, and that adjustments and spinal manipulations are not part of massage therapy. I have informed the massage therapist of all my known physical conditions, medical conditions and medications, and I will keep the massage therapist updated, in writing, on any changes. If I experience any pain or discomfort during the session, I will immediately communicate it to the therapist so the treatment can be adjusted. I understand that there shall be no liability on Present Moment Massage or any of its therapists part due to my forgetting to relay any pertinent information. I acknowledge that with any treatment there can be risks and I solely assume those risks. I have reviewed the therapist's policies, and I understand them and agree to abide by them.

Client Signature \_\_\_\_\_

Date \_\_\_\_\_