

Massage Therapy Registration and Health Form

Name: _____ Date: _____

Address: _____
(House/Apt # and Street) (City) (State) (Zip)

Cell/Home Phone: _____ Email: _____

Sex: M F Over 18: Y N Birthday (month/date): _____

How did you hear about us?

- Facebook Craigslist Groupon Angie's List Yelp Internet Search
 Friend/Family Referral _____ Other _____

EMERGENCY INFORMATION

Emergency Contact: _____ Relationship: _____

Phone number: _____ Diabetic Medications: _____

HEALTH HISTORY

Please check any conditions you currently have or have had in the past:

- | | | | |
|--------------------------------------------------------------|----------------------------------------------|----------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Acne | <input type="checkbox"/> Eczema | <input type="checkbox"/> Impetigo | <input type="checkbox"/> Auto Accident |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Fractures | <input type="checkbox"/> Jaw Pain/TMJ | <input type="checkbox"/> Sports Injuries |
| <input type="checkbox"/> Athletes Foot | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Migraines/Headaches | <input type="checkbox"/> Recent Surgeries |
| <input type="checkbox"/> Cancer/Tumors | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Pinched Nerve | <input type="checkbox"/> Currently Pregnant |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hives/Shingles | <input type="checkbox"/> Ulcers | # Weeks: _____ |
| <input type="checkbox"/> Other/Additional Information: _____ | | | |

AUTHORIZATION

I certify that the above information is correct to the best of my knowledge. I will not hold my massage therapist or any members of his/her staff responsible for any errors or omissions that I many have made in the completion of this form. I have disclosed all medical conditions that I am aware of and will inform my massage therapist of any changes in my health status.

I understand that massage therapy services are designed to be a health aid and are in no way a substitute for a doctor's care. Information exchanged during massage sessions are educational in nature and is to be used at my own discretion.

I understand all information on this form and future forms are to remain in the possession of Balanced Therapies and will not be sold to any third parties.

I understand that the session may be terminated if any sexual acts or sexual harassment takes place.

Signature: _____ Date: _____