Real Therapeutic Massage by Linda - Confidential Client History

Address:		City:	State:	ZIP:
Date of Birth:		Email:		
Home Phone: Mobile Phone:		Work Phone: Occupation:		
How often do you receive m	nassages?			
How did you hear about me	?			
Internet Site:		Referred by:		
Diabetes Heart Problems Headaches If you checked any of the ab	High blood pressure HIV Joint Problems Pregnancy	Recent injuries Spinal injuries Surgery Vericose veins scribed medications?		
	ore areas that need special attention	on?		
What are your expectations	of the massage session?			
How much pressure would y	/ou like? ☐ light ☐ n	medium 🔲 deep tis	ssue (hard)	
How would you like to receiv	ve promotions or reminders?	Phone Email	☐ _{None}	
Draping is required.				
circulation. It is made clear to m	py is for the purpose of stress reduction e that massage therapy is not a substitu ny other physical disorder and I release	ute for medical examination or d	liagnosis. I understan	
	a violation of state laws and is punishab Il will be required. If a massage is to be			
ent Signature				Date
herapist Signature				— Date