Aches Away tm
massage specialists

CLIENT INFORMATION - MASSAGE RELEASE FORM

Personal Information

Name: _____ Date: _____ Date of Birth: _____
Address: _____ City: _____ State ____ Zip _____
Phone: _____ Occupation: _____ Email: _____
How did you hear about us? *(online search, gift certificate, social media, name of referrer - so we can thank them, other?)*
_____

Health History

Please list any conditions that you have or are being treated for:

___Allergy to Latex
___Uncontrolled blood pressure
___Controlled High Blood Pressure
___Skin Sensitivity
___Dizziness/Vertigo
___TMJ Dysfunction
___Arthritis
___Bunions
___Chronic Muscle Pain
___Acute Muscle Pain/Spasm
___Spinal Subluxation (chiropractic)
___Allergic to Perfumes
___Cancer
___Heart Disease
___Sinusitis
___Tinnitus (ringing in the ears)
___Migraines
___Tendonitis
___Neurological Disorder (specify)
___Fibromyalgia
___Anatomically Short Leg
___Fused Vertebrae (specify)
___Other (please specify) _____

List any musculoskeletal surgeries and severe injuries you have had: _____

List any other surgeries and severe injuries you have had: _____

List all medications you are currently taking and what you are taking them for: _____

Why are you here for a massage today?

___Just to relax
___Referral from a friend
___Injury Prevention (increase range of motion, joint mobility)
___Chronic or Acute Pain/Spasms
___Doctor or Chiropractic Referral
___Other? _____

What areas of your body need specific attention? _____

What did you like or dislike about previous massages? _____

Are you comfortable letting your therapist know if you have concerns about pressure, temperature or anything else during your session? ____ Do you have any specific requests for our session? (ex. Music, temp, etc.) _____

Please take a moment to carefully read the following information and sign where indicated:

Massage/bodywork is not a substitute for medical examinations, diagnosis, or treatments. I should see a physician for any physical or mental ailment. Massage therapists are not qualified to diagnose, prescribe, or treat any physical or mental illness, and nothing said in the session(s) should be construed as such. I have stated all known medical conditions. I agree to keep the therapist updated as to any changes in my medical profile, and understand that there shall be no liability on the therapist's part should I forget to do so.

Aches Away may request credit card information to hold appointments in situations where clients have missed appointments and do not call to cancel within 24 hours.

Signed: _____