

Client Information

Date: _____

Pure Serenity Massage Therapy

Name		Date of Birth		Age
Address		City	State	Zip
Phone	Email	May we send you email/mail promotions? Yes No		
Occupation	How did you hear about us?			
When was your last massage?	What are your goals for this session? Please circle all that apply and elaborate if needed. Relax Only Relax and Focused Work Focused Work Only			
Please list any area that you would like your therapist to avoid.				
Emergency Contact Person	Relationship	Phone		
If you are currently under the care of a physician for an acute or chronic illness, please list physician's name and contact phone number. Please elaborate on the illness.				

General Health Information

Mark each condition that currently applies. List any prescribed **medications** beside the condition.

- | | |
|---|---|
| <input type="checkbox"/> Allergies _____ | <input type="checkbox"/> Low blood pressure _____ |
| <input type="checkbox"/> Arthritis/tendonitis _____ | <input type="checkbox"/> Muscle/bone injuries _____ |
| <input type="checkbox"/> Athletes foot _____ | <input type="checkbox"/> Muscle/joint pain _____ |
| <input type="checkbox"/> Blood clots _____ | <input type="checkbox"/> Numbness/tingling _____ |
| <input type="checkbox"/> Chronic pain _____ | <input type="checkbox"/> Pregnancy _____ |
| <input type="checkbox"/> Circulatory/heart problems _____ | <input type="checkbox"/> Rash/fungus _____ |
| <input type="checkbox"/> Fatigue _____ | <input type="checkbox"/> Spinal disorders _____ |
| <input type="checkbox"/> Headaches _____ | <input type="checkbox"/> Sprain/strain _____ |
| <input type="checkbox"/> Hearing problems _____ | <input type="checkbox"/> Tension/stress _____ |
| <input type="checkbox"/> Hernia _____ | <input type="checkbox"/> Varicose veins _____ |
| <input type="checkbox"/> High blood pressure _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Jaw pain/TMJ pain _____ | |

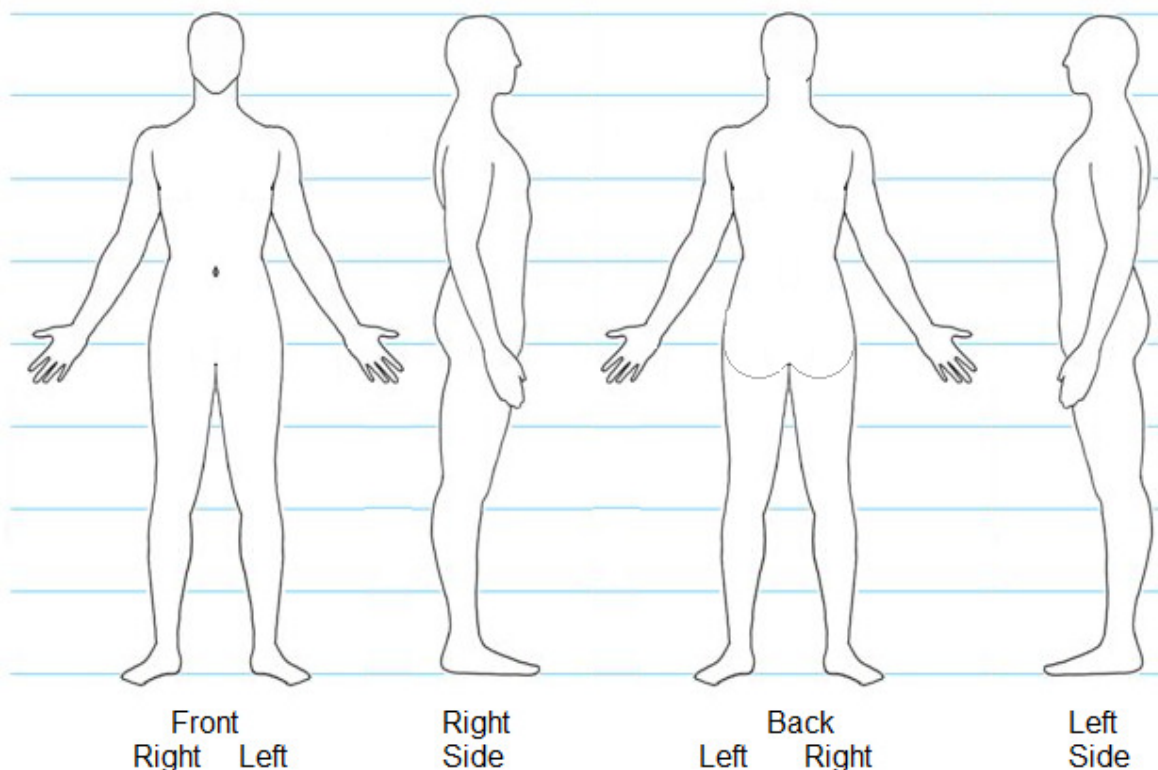
100% Natural Essential Oils May help with these conditions. Please mark if interested.

- | | | |
|--|---|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Depression | <input type="checkbox"/> Other Concerns that EOs may help? _____ |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Diabetes | _____ |
| <input type="checkbox"/> Asthma or lung conditions | <input type="checkbox"/> Rash/fungus | _____ |
| <input type="checkbox"/> Abdominal /digestive problems | <input type="checkbox"/> Sinus problems | _____ |
| <input type="checkbox"/> Constipation/diarrhea | <input type="checkbox"/> Sleep difficulties | _____ |

Recent injuries or surgeries within the past 5 years: _____

Stress-reduction activities, hobbies, exercise and/or sport participation:

Please circle areas of discomfort and discuss these with your massage therapist.



Types of massage to be used at Pure Serenity Massage Therapy include Swedish massage, deep tissue massage, myofascial release massage, positional release massage, reflexology, trigger point.

*I have stated all conditions that I am aware of and this information is true and accurate to the best of my knowledge. I will inform my health care provider and massage therapist if anything changes in my status. I understand that massage/bodywork I receive is for the purpose of stress reduction/relaxation and the relief from muscular tension, spasm or pain and to increase circulation. **If I experience any pain or discomfort, I will immediately inform my massage therapist so that the pressure and/or methods can be adjusted to my comfort level.** I understand that my massage therapist does not diagnose illness or disease, nor perform any spinal manipulations, and does not prescribe any medications/treatments. I acknowledge that massage is not a substitute for a medical examination or diagnosis and that I should see my health care provider for those services. If I am unable to attend my scheduled appointment, I will respect and abide by the set cancellation policies. Sexual advances, request for sexual favors, and other verbal or physical conduct of a sexual nature will constitute as sexual harassment and will not be tolerated. I understand that I am receiving massage therapy at my own risk. In the event that I become injured either directly or indirectly as a result, in whole or in part, of the aforesaid massage therapy I hereby hold harmless and indemnify the therapist, their principals, and agents from all claims and liability whatsoever.*

Client Signature

Date