

Name: _____ Phone #1: _____ Phone #2: _____

Date of Birth: _____ Email: _____

Address: _____ (city) _____ (state) _____ (zip)

Emergency Contact: (name) _____ (phone #) _____ (relationship) _____

Occupation: _____ Employer: _____

Have you had therapeutic massage before? Yes No

Are you currently under the care of a Physician and/or Chiropractor? _____

Please list any injuries and/or surgeries: _____

Please list any allergies and/or sensitivities: _____

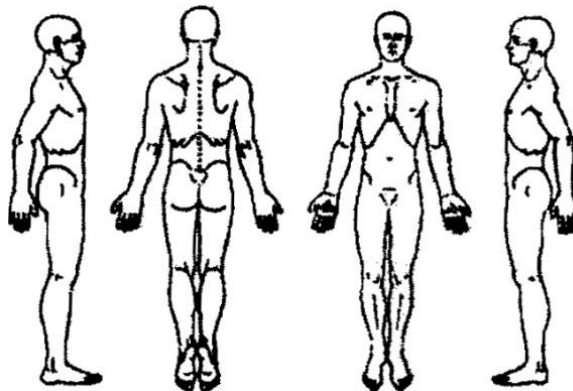
Please list all medications you are currently using: _____

Please check all that apply:

- | | | | |
|---|------------------------------------|---|--|
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Neck pain | <input type="checkbox"/> Back pain | <input type="checkbox"/> Leg/Knee pain |
| <input type="checkbox"/> Jaw clenching/grinding | <input type="checkbox"/> Seizures | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Bruise easily |
| <input type="checkbox"/> Varicose veins | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Numbness/tingling: if so, where? _____ | |

What is your exercise/training schedule? _____

Please mark areas of pain, tension or discomfort on the diagram



I am here to receive therapeutic massage. I understand that the Licensed Massage Therapist (LMT) will be providing therapeutic massage in accordance with the laws of the State of Colorado Health Board. I agree to hold harmless and indemnify this massage establishment and LMTs against any and all liability arising from the application of massage therapy. I declare that I provided the LMT with relevant information necessary for the proper application of massage and I give my permission for such therapy. A LMT shall not engage in breast massage of female clients without separate written consent of the client. Modest draping will be used during the session. If uncomfortable for any reason, the client may ask the LMT to cease massage and the LMT will end the massage session. Please be aware that deep tissue therapeutic massage can sometimes cause tenderness 24 to 48 hours after the treatment. This is a normal reaction and may be lessened by drinking extra water. By providing your signature at the bottom of this page, you acknowledge that you understand and agree to the above statements regarding our cancellation policy and terms of therapeutic massage.

Signature: _____

Date: _____