

# Simply Massage

## Client Information



Name \_\_\_\_\_ DOB \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Have you ever experienced a professional massage?

What pressure do you prefer? (Circle all that apply)    Light    Medium    Firm  
Deep Tissue

Are you experiencing any pain or discomfort? Please explain: \_\_\_\_\_

History of injury or surgery: \_\_\_\_\_

Current medications and treatment of them: \_\_\_\_\_

Are you pregnant? \_\_\_\_\_ How far into your pregnancy are you?  
\_\_\_\_\_

**Circle all that apply:**

I understand the massage/ bodywork I receive is provided for purpose of relaxation and relief of muscular tension. I f I experience any pain or discomfort during this session, I will immediately inform the practitioner so the pressure and or strokes may be adjusted to my level of comfort. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/ bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnosis, prescribe, or treat any physical or mental illness, and that nothing sold in the course of this service given should be construed as such. Because massage/ bodywork should not be performed under certain medical conditions, I affirm that I have stated all of my known medical conditions and have answered all of the questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioners part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances mad e by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Consent to Treatment of Minor:** By my signature, I hereby authorize the consent of the massage practitioners of Simply Massage, LLC to administer massage, bodywork or somatic therapy techniques to my child or dependent as they deem necessary.

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## Client Information



Arthritis      Osteoporosis      Joint Swelling      Varicose Veins  
 Cuts, Lesions, Burns

High Blood Pressure      Diabetes      Fever      Inflammation      Blood Clot/  
 Thrombosis

Epilepsy      Seizure      Sport Injury      Eczema      Psoriasis      HIV/  
 AIDS      Cancer

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