

Adriana's Massage

151 N Nolen Dr. Ste 160, Southlake TX 76092 (817) 781-6757

CLIENT INFORMATION FORM

NAME _____ DATE OF BIRTH _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE (H) _____ CELL _____

OCCUPATION _____ E-MAIL _____

IN CASE OF EMERGENCY PLEASE NOTIFY _____

PLEASE CHECK ALL THAT APPLY:		PLEASE CHECK:	Y	N	MESSAGE PREFERENCES AREAS		
<input type="checkbox"/> Allergies	<input type="checkbox"/> Migraine/Headache	Are you currently pregnant?			Areas	Concentrate	Avoid
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Epilepsy/Seizures	Have you had any recent surgery?			Back		
<input type="checkbox"/> Cancer	<input type="checkbox"/> Tense Muscles	Have you had any recent injury?			Shoulders/Neck		
<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Infection	Participate in Sports?			Arms		
<input type="checkbox"/> Varicose Veins	<input type="checkbox"/> Skin Disorder				Legs		
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Contacts	Contraindications (Please list)			Head		
<input type="checkbox"/> Sciatica	<input type="checkbox"/> Spinal Injury	1.			Buttocks		
<input type="checkbox"/> Thyroids	<input type="checkbox"/> Cosmetic Surgery	2.			Feet		
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Low Blood Pressure	3.			Hands		

Have you ever received a massage before? _____ When was you last session? _____

How did you know about me? _____

PLEASE INITIAL AGREEING TO THE FOLLOWING:

- I am responsible for any valuable items I bring into the massage studio with me.
- Draping will be used during all sessions.
- There will be NO breast massage performed on female clients.

Service Performed today: Swedish Custom Deep Tissue Hot Stone Reflexology

I understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage 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 practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all 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 practitioner's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

Client Signature _____

Date _____

Parent or Guardian (if under 18) _____

Date _____

Therapist Signature _____

Date _____