Absolute Massage Therapy

WELCOME! We would like to make your appointment as pleasant and comfortable as possible. If at any time you have questions regarding your session, please let your therapist know.

Client Information:

Name: _____ **DOB: _____**

Phone: (____) _____ **Cell Phone: (____) _____**

Address: _____ City: _____ State: _____ Zip: _____

E-Mail: _____
(by supplying your e-mail address, you are giving permission to receive updates and special promotions)

In case of emergency: _____ Phone: (____) _____

How did you hear about Absolute Massage Therapy? _____

General and Medical Information (please circle) **Male / Female**

Occupation: _____ **Physician: _____**

Health Insurance Carrier: _____

Have you ever experienced a professional massage or body work session? Yes No When? _____

Medications/Dosages: _____

_____

Have you been in an accident or suffered any injuries in the past year? (please circle) **Yes No**

Accident Date and injuries: _____

Have you had surgery in past year? (please circle) **Yes No**

Procedure & Date: _____ _____

I understand that the massage/bodywork 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 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, 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/bodywork 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 schedule appointment.

By signing below I hereby authorize *Absolute Massage Therapy* and their licensed massage therapy staff to administer massage therapy as deemed necessary.

Client Signature: _____ **Date _____**

Practitioner Signature: _____ **Date _____**