

**Client Information**  
**Hands of Healing Light**

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Emergency contact & phone: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ How did you find me? \_\_\_\_\_  
Age: \_\_\_\_\_  Male  Female Address: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email address: \_\_\_\_\_

Are you seeking massage based on a diagnosis or current condition you are being treated for?  Yes  No  
If yes, What? \_\_\_\_\_

**Massage Information:**

Have you ever received a professional massage?  Yes  No How recently? \_\_\_\_\_  
What types of massage do you prefer?  Swedish/Deep Tissue  Thai  Phenomenal Touch  
What kind of pressure do you prefer?  Light  Medium  Firm  
Do you bruise easily?  Yes  No  
Are you sensitive to touch in any area?  Yes  No Where? \_\_\_\_\_  
Are you pregnant or think you are pregnant?  Yes  No  
Which do you prefer?  Oil  Lotion

What is the *reason* for your visit? \_\_\_\_\_

How *long* has this persisted? \_\_\_\_\_

What seemed to be the *initial cause*? \_\_\_\_\_

What makes it feel *worse*? \_\_\_\_\_ *Better?* \_\_\_\_\_

What's your *level of pain* or discomfort today? (Circle #1-5, 5 being the most painful) 1 2 3 4 5

What are your *past surgeries, traumas, conditions & diseases*? \_\_\_\_\_

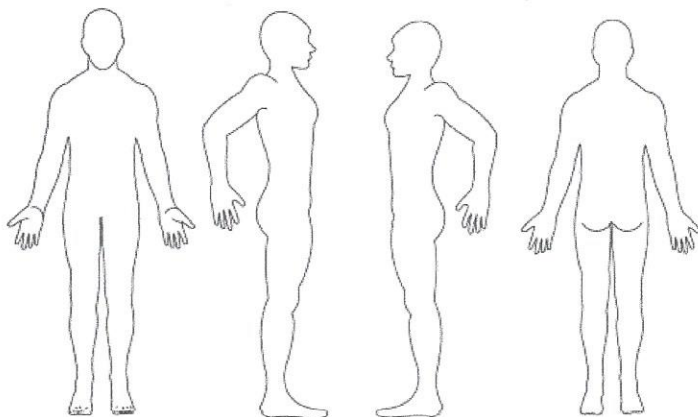
Please list any *current medications* and their purposes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**SHOW AREA(S) OF PAIN OR UNUSUAL FEELING**

Mark the areas on this body where you feel the described sensations.

X= Pain      O= Swelling/Inflammation      T= Tight



Front

Right

Left

Back

Comments in reference to these areas: \_\_\_\_\_

**Medical History**

Please check all that apply to you  
(Specify whether currently or previously)

**Muscular-Skeletal**

- Headaches
- Joint stiffness/swelling
- Broken/Fractured Bones
- Dislocations
- Strains/Sprains
- Swelling
- TMJ Dysfunction
- Tendonitis
- Bursitis
- Sciatica
- Hernia
- Arthritis
- Osteoporosis
- Scoliosis
- Whiplash
- Knee surgery
- Hip replacement
- Hip Dysplasia
- Rheumatoid Arthritis
- Fibromyalgia
- Plantar Fasciitis
- Spinal Fusion
- Other \_\_\_\_\_

**Lymph/Immune**

- Lymphedema \_\_\_\_\_
- Allergies (to lotions, oils)
- HIV/AIDS
- Lupus
- Hyperthyroidism
- Other \_\_\_\_\_

**Other**

- Cancer \_\_\_\_\_
- Diabetes
- Hearing impaired
- Visually impaired
- Surgeries \_\_\_\_\_
- Drug use \_\_\_\_\_
- Infectious disease \_\_\_\_\_
- Depression \_\_\_\_\_
- Contagious skin condition
- Tinnitus
- Itching/Eczema
- Allergies \_\_\_\_\_
- Other \_\_\_\_\_

**Digestive**

- Diverticulosis
- Irritable Bowel Syndrome
- Crohn's Disease
- Colitis
- Adaptive Aids
- Gastroenteritis (GI inflammation)
- Ulcers
- Acid Reflux
- Other \_\_\_\_\_

**Circulatory/Respiratory**

- Dizziness/Fainting
- Varicose veins
- Blood clots
- Stroke
- Heart condition \_\_\_\_\_
- Allergies (respiratory)
- Asthma
- Cystic Fibrosis
- Low/High blood pressure
- Other \_\_\_\_\_

**Reproductive**

- Pregnancy
- Menopause
- Pelvic Inflammation Disorder
- Endometriosis
- Hysterectomy
- Cesarean Section
- IUD
- Nexplanon/Implanon (arm contraception)
- Other \_\_\_\_\_

**Nervous System**

- Numbness/Tingling
- Sleep disorders
- Cerebral Palsy
- Epilepsy
- Chronic Fatigue
- Parkinson's Disease
- Spinal cord injury
- Carpal Tunnel Syndrome
- Thoracic Outlet Syndrome
- Disc herniation
- Restless leg Syndrome
- Other \_\_\_\_\_

The information provided above is accurate to the best of my knowledge.

Additional questions, comments or bodily concerns:

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**Massage Informed Consent, Agreement, and Liability Waiver**

It is my choice to receive a massage, and I understand that the session is intended for relaxation, healing, and muscle tension release. I am aware that heated pads & herbal compresses may be used during the session and I will inform the therapist if I have heat sensitivities, have allergies, or 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/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 this 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 may result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

**Unless there is an emergency, I will reschedule or cancel my visit within 24 hours before my scheduled appointment. If I cancel on the day of the appointment, I agree I will pay a rate of \$30 per scheduled hour for my missed appointment, unless an agreement has been made otherwise with the practitioner. If I arrive late to my session, I may have my session reduced by that time, and I agree to pay for the whole session amount.**

Understanding all of this, I give my consent to receive care.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Practitioner Signature \_\_\_\_\_ Date \_\_\_\_\_