


Herbs etc
RETAIL PRODUCTS AND SERVICES
Massage Client Information Sheet

Today's Date _____ Phone _____

Name *[Please Print Clearly]* _____

Address _____

Birth date _____ Male ___ Female ___ Email: _____

Who referred you to us? _____

Emergency Contact Person _____ Phone _____

Current medication(s)

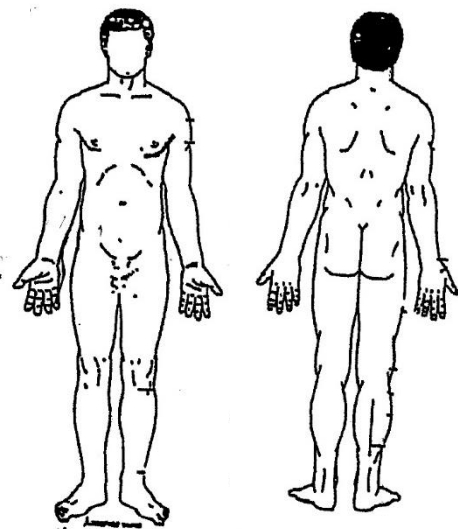
Name	For what?	How long taking it?
_____	_____	_____
_____	_____	_____

Please list any herbs, vitamins, minerals, or other supplements you take: _____

Please check whatever applies to your history from the list below:

- | | | |
|---|--|--|
| <input type="checkbox"/> Accident | <input type="checkbox"/> Sprains or strains | <input type="checkbox"/> Heart problems |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Seizures | <input type="checkbox"/> Chronic indigestion |
| <input type="checkbox"/> Whiplash | <input type="checkbox"/> Abdominal pain | <input type="checkbox"/> Dentures |
| <input type="checkbox"/> Backaches | <input type="checkbox"/> Stress | <input type="checkbox"/> IUD or implant |
| <input type="checkbox"/> _____ low back | <input type="checkbox"/> Allergies | <input type="checkbox"/> Mental illness |
| <input type="checkbox"/> _____ mid back | <input type="checkbox"/> Surgeries | <input type="checkbox"/> Pregnant |
| <input type="checkbox"/> Disc problem | <input type="checkbox"/> Breast augmentation | <input type="checkbox"/> Muscle problems |
| <input type="checkbox"/> Neck pain | <input type="checkbox"/> Varicose veins | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Swollen/Painful joints | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Gas/bloating |

Please indicate areas of discomfort on the following:



Please read the following and sign below:

Bodywork Therapists work outside the parameters of licensed medical professionals and do not diagnose or prescribe for diseases. Suggestions may be given; the client may or may not choose to follow these suggestions.

Signature

Date

Payment Is Required After Services are Rendered