



# Adobe Massage Therapy

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CELL PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

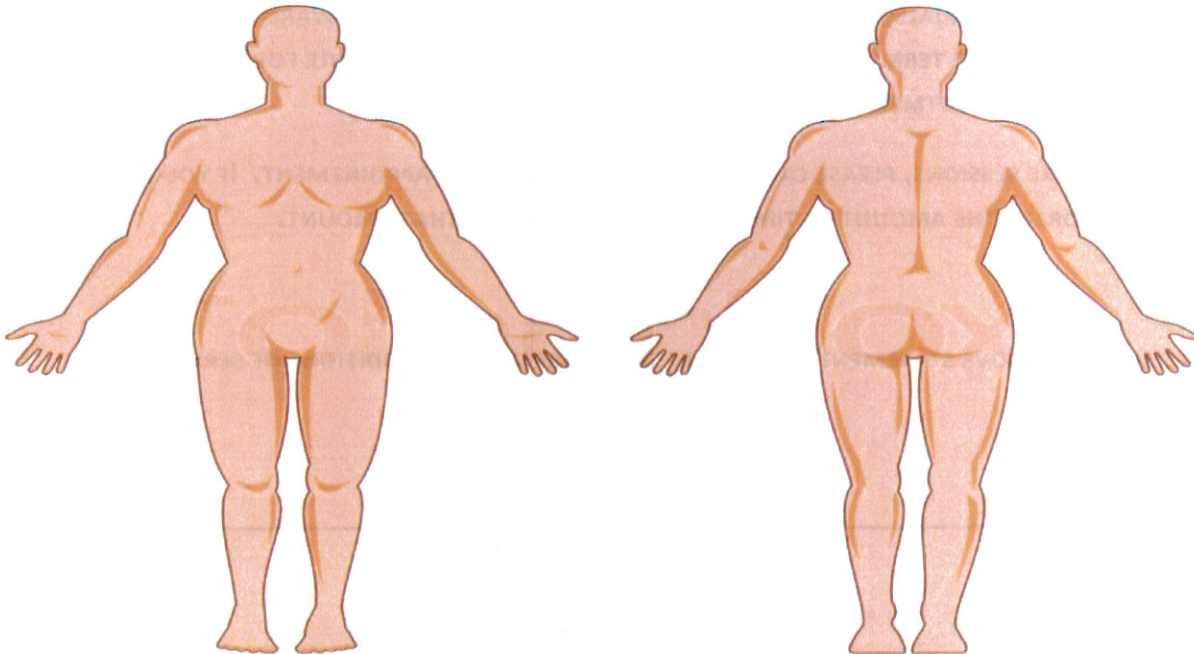
A REFERRAL FROM YOUR PRIMARY CARE PROVIDER MAY BE REQUIRED PRIOR TO SERVICES BEING CONSIDERED IF YOU HAVE A SPECIFIC MEDICAL CONDITION OR SYMPTOMS THAT INDICATE MASSAGE/BODY WORK SHOULD NOT BE DONE. FOR THIS REASON, PLEASE UNDERSTAND THAT YOUR THERAPIST MUST BE AWARE OF EXISTING MEDICAL CONDITIONS. TO THE BEST OF YOUR KNOWLEDGE, PLEASE STATE ALL MEDICAL CONDITIONS AND ANSWER THE QUESTIONS COMPLETELY AND HONESTLY. YOU MUST AGREE TO KEEP YOUR THERAPIST UPDATED OF ANY CHANGES TO YOUR MEDICAL PROFILE. YOU ALSO AGREE THAT THERE SHALL BE NO LIABILITY ON YOUR THERAPIST'S PART SHOULD YOU FAIL TO DO SO.

HAVE YOU HAD A PROFESSIONAL MASSAGE BEFORE? \_\_\_\_\_ WHAT TYPE?

CIRCLE THE ONE THAT BEST DESCRIBES BELOW:

THERAPEUTIC MASSAGE / DEEP TISSUE MASSAGE / SWEDISH MASSAGE / THAI MASSAGE

THE DIAGRAM BELOW, PLEASE INDICATE AREAS THAT TROUBLE YOU MOST:





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DO YOU HAVE ANY OF THE FOLLOWING CONDITIONS?

- DIABETES       SCIATIC       OSTEOPOROSIS       ARTHRITIS  
 TMJ       SCOLIOSIS       NUMBNESS       HEART ISSUES  
 HEADACHES       EPILEPSY       DIZZINESS       CIRCULATION ISSUES  
 HIGH BLOOD PRESSURE

LIST ANY SURGERIES: \_\_\_\_\_

THE MESSAGE YOU RECEIVE IS PROVIDED FOR THE BASIC PURPOSE OF RELAXATION AND RELIEF OF MUSCULAR TENSION. MESSAGE SHOULD NOT BE CONSTRUED AS A SUBSTITUTE FOR MEDICAL EXAMINATION, DIAGNOSIS OR TREATMENT. YOU SHOULD SEE A PHYSICIAN, CHIROPRACTOR OR OTHER QUALIFIED MEDICAL SPECIALIST FOR ANY PHYSICAL OR MENTAL AILMENT TO WHICH YOU ARE AWARE OF. MESSAGE TECHNICIANS ARE NOT QUALIFIED TO PERFORM SPINAL OR SKELETAL ADJUSTMENTS, DIAGNOSE, PRESCRIBE OR TREAT ANY PHYSICAL OR MENTAL ILLNESS.

ANY ILICIT OR SEXUALLY AGGRESSIVE REMARKS OR ADVANCES MADE TOWARD YOUR TECHNICIAN WILL RESULT IN IMMEDIATE TERMINATION OF THE SESSION AND YOU WILL BE LIABLE FOR PAYMENT IN FULL FOR THE SCHEDULED APPOINTMENT.

FOR FUTURE SESSIONS, PLEASE CALL IF YOU CANNOT KEEP YOUR APPOINTMENT. IF YOU ARRIVE LATE, IT WILL SHORTEN THE AMOUNT OF TIME YOU ARE IN SESSION BY THAT AMOUNT.

I UNDERSTAND THE ABOVE STATEMENTS AND AGREE TO THE TERMS AND CONDITIONS OF SERVICE.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_