NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDICAL HISTORY:

* Are you currently under medical supervision or alternative treatment? YES / NO

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Are you taking prescribed medications, herbal remedies or vitamins? YES / NO

If yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Do you have any allergies? YES / NO If yes please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Have you suffered any injuries or trauma? YES / NO

If yes please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Have you had any inoculations (*shots*) in the last 36 hours? YES / NO

BODY AND MIND:

* Have you had massage before? YES / NO
* What areas of your body do you feel you need the most attention on? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LIFESTYLE:

* What is your occupation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* How many 8oz. glasses of water do you consume per day? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FEMALE CLIENTS ONLY:

* Are you pregnant? YES / NO If yes, how many weeks? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Has this pregnancy been diagnosed as a high risk pregnancy? YES / NO

If yes, have you been cleared by your doctor to receive massage therapy? YES / NO

MEDICAL CONCERNS:

* Please check any of the following conditions that you currently have or have had in the past:

\_\_\_ Phlebitis \_\_\_ Blood Clots \_\_\_ Disc Problems \_\_\_ Scoliosis \_\_\_ Sciatica

\_\_\_ Stroke \_\_\_ Headaches \_\_\_ Fibromyalgia \_\_\_ Heart Conditions \_\_\_ Cancer/Tumors

\_\_\_ High BP \_\_\_ Varicose Veins \_\_\_ Pinched Nerves \_\_\_ Bruise easily \_\_\_ Sinus Problems

\_\_\_ Skin Conditions \_\_\_ Surgeries: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Have you had any other relevant medical conditions/concerns not listed above? YES / NO

If yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I confirm that the information provided is a full and accurate statement of my current medical and physical status. If anything should change in the future pertaining to the condition of my health, I will inform the Therapist prior to service and update this form.

LIABILITY RELEASE AND ACKNOWLEDGEMENT WAIVER

With my signature below, I understand, acknowledge and consent to the following;

1. I am making use of these facilities at my own free will and I am aware of any risk involved.
2. I assume all risks associated therewith. On behalf of myself, my personal representatives, heirs, executors, administrators, agents and assigns, hereby release and discharge Lisa Miller Massage from any and all claims or causes of action arising out of or relating to my use of the facilities and services whether or not caused by negligence or other fault of the parties being released and I hereby waive the protection afforded by the stature or any laws in jurisdiction whose purpose, substance and/or effect is to provide that a general release shall not extend to such claims. I further agree to indemnify, defend and hold Lisa Miller Massage and assigns from against any and all claims, causes of action, damages to or destruction of any property arising out of or related to my use of services and facilities. I understand that any information given to me during any treatment is for educational purposes only, and is not prescriptive or diagnostic in nature.

CANCELLATION POLICY:

We request the courtesy of 24 hours notice of cancellation for all services. Cancellations of less than 24 hours or No Shows will be charged at 100%.

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

 *(If under 18, parental signature required)*

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_