



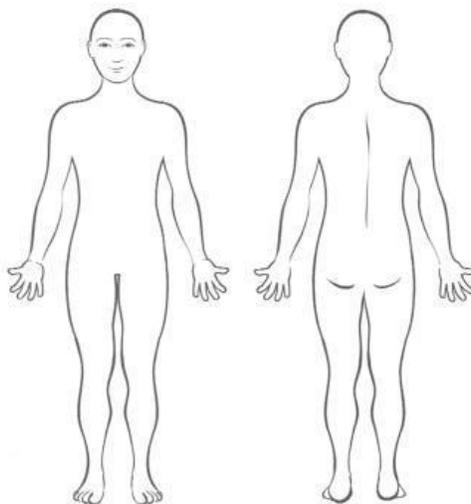
**CLIENT INFORMATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Street: \_\_\_\_\_ Day Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Emergency Contact Phone Number: \_\_\_\_\_  
 Referred By: \_\_\_\_\_

**MESSAGE HISTORY/SESSION INFORMATION**

Have you ever had professional bodywork before? \_\_\_\_\_ Date of last massage? \_\_\_\_\_  
 Why are you here for your session today? \_\_\_\_\_  
 Please circle the pressure you look for in a massage: \_\_\_\_\_ Light \_\_\_\_\_ Firm \_\_\_\_\_ Deep \_\_\_\_\_  
 When looking to get a massage, you are looking for: \_\_\_\_\_  
 \_\_\_\_\_ Skill/Knowledge \_\_\_\_\_ Flexible Scheduling \_\_\_\_\_ Easy Booking \_\_\_\_\_  
 Talking preference during a session:  
 No talking at all \_\_\_\_\_ Minimum enough to give a good massage \_\_\_\_\_ Just enough to get to know you \_\_\_\_\_ I enjoy conversation \_\_\_\_\_  
 What keeps you from getting regular massage? \_\_\_\_\_  
 List any exercise activities. Include frequency. \_\_\_\_\_  
 List any current medications and purpose \_\_\_\_\_  
 Are you looking for Chiropractor procedures? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Are you looking for Acupuncture treatments? Yes \_\_\_\_\_ No \_\_\_\_\_

**Please circle specific areas you would like the massage therapist to concentrate on during the session:**



**PREVIOUS HISTORY (Include year and treatment received)**

Injuries/accidents/illnesses still affecting you: \_\_\_\_\_  
 Surgeries: \_\_\_\_\_



Please mark any of the following that you now have or have had

Musculoskeletal	Circulatory
<input type="checkbox"/> Bone or joint disease	<input type="checkbox"/> Heart Condition
<input type="checkbox"/> Tendonitis/Bursitis	<input type="checkbox"/> Phlebitis/Varicose Veins
<input type="checkbox"/> Arthritis/Gout (what kind?)	<input type="checkbox"/> Blood Clots
<input type="checkbox"/> Jaw pain	<input type="checkbox"/> High/Low Blood Pressure
<input type="checkbox"/> Lupus	<input type="checkbox"/> Lymphedema
<input type="checkbox"/> Spinal Problems	<input type="checkbox"/> Thrombosis/Embolism
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
Respiratory	Skin
<input type="checkbox"/> Breathing difficulty/Asthma	<input type="checkbox"/> Allergies specify:
<input type="checkbox"/> Emphysema	<input type="checkbox"/> Rashes
<input type="checkbox"/> Allergies specify:	<input type="checkbox"/> Athletes foot
<input type="checkbox"/> Sinus Problems	<input type="checkbox"/> Herpes/cold sores
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
Nervous System	Reproductive
<input type="checkbox"/> Numbness/tingling/stabbing pains Specify where:	<input type="checkbox"/> Pregnant? Due Date Any complications?
<input type="checkbox"/> Shingles	Digestive
<input type="checkbox"/> Pinched Nerve	<input type="checkbox"/> Irritable bowel syndrome
<input type="checkbox"/> Other:	<input type="checkbox"/> Ulcers
Other	
<input type="checkbox"/> Cancer Lymph Nodes Removed?	<input type="checkbox"/> Migraines/headaches What triggers them?
<input type="checkbox"/> Bladder/kidney Ailment	<input type="checkbox"/> Sleep Disorder
<input type="checkbox"/> Diabetes Type 1 or Type 2	<input type="checkbox"/> Anxiety/stress syndrome
<input type="checkbox"/> Drug/alcohol/caffeine/tobacco use	<input type="checkbox"/> Depression
<input type="checkbox"/> Chronic Fatigue	<input type="checkbox"/> Contact Lenses (hard or soft)

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 and Pax'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 full payment of my scheduled appointment.

Client's Signature

Pax Massage Therapist Signature