Client Information

Date: _____

Name: _____ E-mail: _____

Address:_____City/State:_____ZIP:_____

Phone(s): _____ Text? Yes ☐ No ☐ Best time to call: _____

Please tell me the phone number(s) you prefer I use to contact you.

Occupation: _____Date of Birth:_____

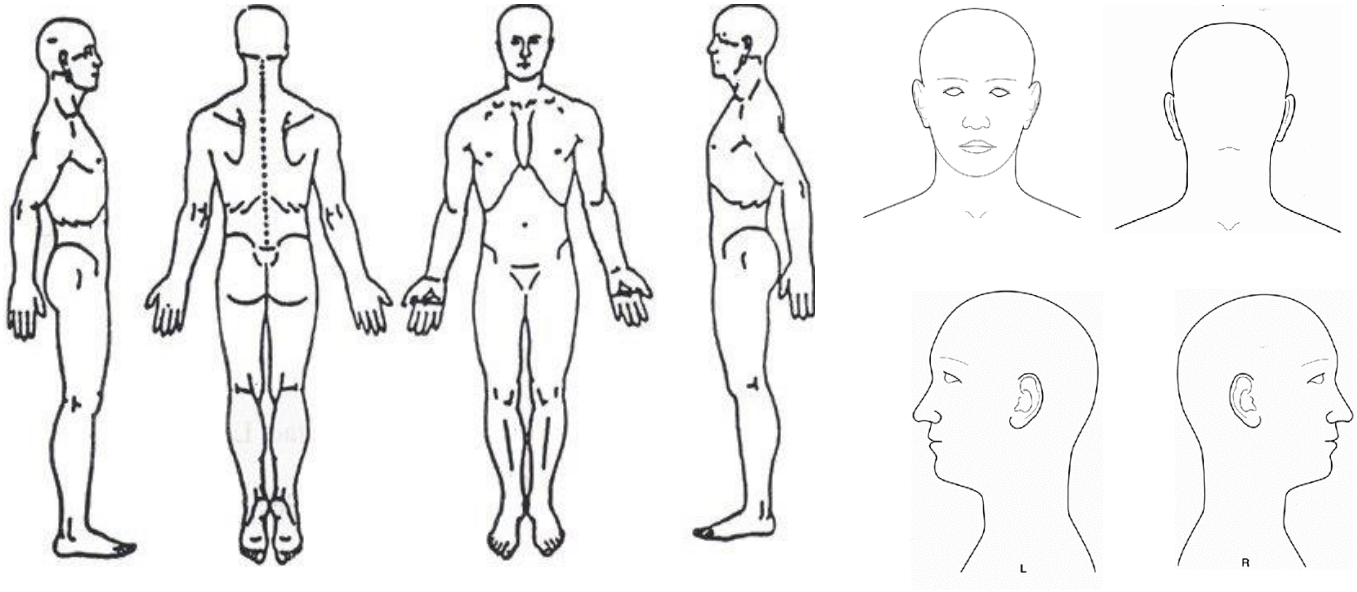
Who referred you?/How did you hear about me?_____

Reason for coming for massage:

Relaxation ☐ Injury/Pain ☐ Personal Growth ☐ Other ☐ _____

May I send occasional announcements by mail or e-mail? Yes ☐ No ☐

Please mark or note areas of awareness, concern, or complaint.



Additional notes regarding diagrams above?

Please rate your level of discomfort today: **None** 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10 **Excruciating**

What makes it worse? _____

What makes it better? _____

When did it start and in what way? _____

Health Information

Exercise/health practices: _____

Is a physician or other health practitioner treating you now or recently?_____

Karla M. Moffet, LMT, LLC

(703) 217-5832 ✹ karlammoffet@gmail.com

✓ **current conditions.** ✗ **past conditions**

❑ high blood pressure	❑ joint or bone disease	❑ arthritis
❑ diabetes	❑ numbness/tingling	❑ allergies?_____
❑ heart condition	❑ cancer	❑ constipation
❑ varicose veins	❑ depression	❑ pregnancy _____
❑ skin disorder	❑ headaches	❑ PMS
❑ broken or fractured bones	❑ insomnia	❑ serious accident? _____
❑ sprains or strains	❑ seizures	❑ whiplash
❑ joint replacement	❑ swelling/edema	❑ any contagious disease?_____

Current medications *(prescription and OTC)*:_____

_____

"Old" accidents, injuries, or surgeries: _____

_____

Please take a moment to read the following, then sign and date where indicated. If you have a specific medical condition or symptoms, a referral from your primary care provider may be required prior to service being rendered.

- ❖ I understand that the information I give on this form will be confidential, and will be used for no other purpose than treatment protocol and the therapist's clinical studies.
- ❖ 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 my sessions, I agree to inform the therapist immediately, so that pressure and/or technique may be adjusted to my level of comfort.
- ❖ I understand that the services offered are not a substitute for medical care, and that information provided me is educational in intent, and not diagnostically prescriptive in nature.
- ❖ I agree to actively participate, as much as possible, in my own healing.
- ❖ Because massage/bodywork is contraindicated under certain health conditions, I affirm that I have disclosed all known health conditions and answered all questions honestly. I agree to keep the therapist updated as to changes in my health and my use of medications, and agree that there shall be no liability on the therapist's part should I not do so.
- ❖ It is understood that the services I receive are strictly therapeutic and non-sexual in intent.
- ❖ I understand that I am financially responsible for my appointments and that payment is due at the time of service, unless otherwise arranged in advance. In order to avoid a $25 fee, I agree to give 24 hours' notice of cancellation.

_____ _____

Client Signature *Date*

Karla M. Moffet, LMT, LLC

(703) 217-5832 ✹ karlammoffet@gmail.com