

MASSAVEDA Client Health Information

Name _____ Phone (____) _____ DOB _____

Address _____ City _____ State _____ Zip _____

Email _____ Referred by _____

Emergency Contact _____ Phone (____) _____

Occupation _____

Please note that if you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided.

How recent was your last professional massage or bodywork session? _____

What are your goals for this session? _____

What kind of pressure do you prefer? (please circle one): light medium firm

If answering “yes” to any of the following, please explain as clearly as possible on the backside.

- | | | | | | |
|------------------------------|-----------------------------|---|------------------------------|-----------------------------|-----------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Bruise easily, sensitive to touch/pressure? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Scoliosis? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you have diabetes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Broken bones in past 2 years? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Frequent headaches / migraines? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Any injuries in past 2 years? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are you pregnant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you have any type of cancer? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Arthritis (rheumatoid, osteoarthritis)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Neurological (MS, Parkinson's)? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Fibromyalgia? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Digestive issues (Crohn's, IBS)? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Stroke or heart attack? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Any cardiac/circulation problems? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | High / Low blood pressure? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Depression, anxiety, confusion? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you have any varicose veins? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Numbness or stabbing pains? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you suffer from epilepsy or seizures? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Endocrine / thyroid conditions? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Muscle or joint pain / swelling? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Any surgeries? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Allergies or Asthma? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Kidney disease, infection? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | MRSA or other contagion / infection? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Blood clots? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Osteoporosis or degeneration? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Congestive heart failure? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Accidents (car, bike, on foot, falls)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Pitted edema? |

Consent for Treatment

If I experience any pain or discomfort during this session, I will immediately inform Carmen Satre, LMT so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage/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 Carmen is 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 Carmen updated as to any changes in my medical profile and understand that there shall be no liability on her 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 payment of the scheduled appointment. Understanding all of this, I give my consent to receive care.

Client Signature: _____ Date: _____

Parent or Guardian Signature (for minor) _____ Date: _____