**Massage Therapy**
**Client Information**

Name:_____Phone(    )_____Date of Birth __/__/__
Address:_____Town_____State_____Zip_____

Emergency Contact:_____Phone(    )_____

Any recent injuries?_____

Any recent surgeries?_____

Do you currently take medications for or seeing a doctor for: Please put a check mark and we'll discuss.

Migraines_____                Pregnancy_____                Diabetes_____

Blood Pressure  High_____  Low_____            Kidney Disease_____

Epilepsy_____                Seizures_____            Heart Disease_____

Do you currently have:   Any skin irritations or open wounds?_____ Where?_____
                                        Blood or Auto immune Disease?_____
Do you exercise regularly? (3 times a week or more)_____

What is the focal point today?

Low back pain_____        Mid back pain_____        Upper back pain_____            Foot Pain_____

Knee pain_____            Neck pain_____                Leg pain_____            Hip pain_____

Arm pain_____            Hand pain_____                Shoulder pain_____

The above information is accurate to the best of my knowledge and I freely give my permission to be massaged by a Licensed Massage Therapist from Heals on Wheels Mobile Massage Therapy. I understand that the massage/bodywork I am given is for the purpose of stress reduction, relief from Muscular tension or spasm, and improving circulation. I understand that the massage therapist neither diagnoses illness, disease or any other medical disorder, nor performs any spinal manipulations. I also understand that massage may be contraindicated for certain medical conditions and I agree to keep the practitioner advised of any changes in my medical profile. I agree that I am responsible for consulting a qualified physician for any physical or mental ailment that I may have. I understand that if I need to cancel my appointment that I must do so at least 24 hours prior to my appointment time. If the appointment is cancelled within 24 hours of my appointment time, I understand that I will be responsible for full payment and give the therapist my permission to keep my credit card on file for future late cancellations.
It is understood that this massage session does NOT and will NOT include any sexual content whatsoever and I understand that any inappropriate behavior, remarks or advances made by me (the client) will result in immediate termination of the session and I (the client) will be liable for full payment of the scheduled time period.

Client/Parent/Guardian Signature:_____Date:_____