



Massage Therapy at The Weight Club

Name: _____ Phone: (____) _____ - _____
 Address: _____ City, State, Zip _____
 Occupation: _____ Date of Birth: _____
 Physician: _____ How did you hear about us? _____
 In Case of Emergency: _____ Phone (____) _____ - _____
 Email Address: _____

General & Medical Information:

Check the box if it applies to you and comment in the section below if further explanation is necessary.

Have you ever had professional massage?

If yes, please specify below if you have a style or preference.

Do you experience frequent headaches?

Do you suffer from stress?

Do you suffer from back pain?

Do you have tension or soreness in a specific area?

Do you have numbness or stabbing pains anywhere?

Have you had any broken bones in the past two years?

Do you have allergies?

Are you wearing contact lenses?

Do you have cardiac or circulatory problems?

Are you diabetic?

Do you have high blood pressure?

If yes to the previous question, are you taking medication for this?

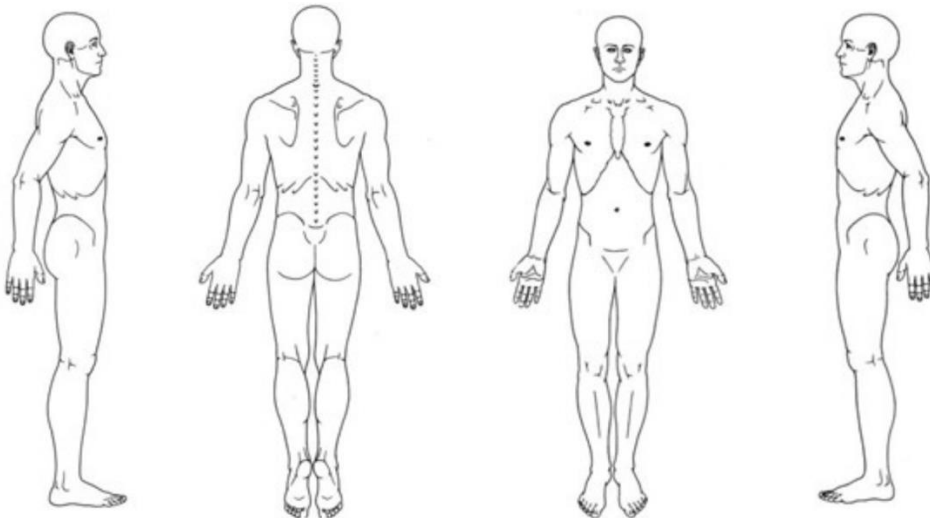
Have you ever had surgery? If yes, please explain below.

Do you suffer from seizure disorders or epilepsy?

Are you pregnant?

Do you have any other medical conditions that we should be aware of?

Comments:



Please circle any specific areas you would like Kate to concentrate on during your session. Explain briefly why you chose these areas:

PLEASE TAKE A MOMENT TO CAREFULLY READ THE FOLLOWING INFORMATION AND SIGN WHERE INDICATED.

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.

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 immediately will inform the therapist 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 consult a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage/bodywork therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said during 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 known medical conditions and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I neglect to do so. It is also understood 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 the scheduled appointment.

Client Signature: _____ Date: _____

Client Printed Signature: _____

Information and Suggestions for Client

- Prior to your massage, please remove all your jewelry if possible and you are comfortable with that. Kate has a designated space for your jewelry on the table beside you.
- As a rule, massage is given while you are unclothed. We provide a top sheet and blanket when needed. Modesty and comfort levels vary from person to person. You may choose to wear undergarments or nothing at all.
- During your massage, you may want to give Kate feedback as to pressure (deeper or lighter) or point out painful or ticklish areas of your body.
- Feel free to ask Kate any questions about their procedures. She is a highly trained professional and will be happy to make you feel well-informed and comfortable.

