



vitalizeseattle

massage therapy and bodywork

Personal Information

Name _____ Phone _____

Address _____

City/State/Zip _____

Email _____ DOB _____ Occupation _____

Emergency Contact _____ Phone _____

Please answer the following questions to the best of your knowledge.

1. Have you had a professional massage before? YES NO

If yes, how often do you receive massage? _____

2. Do you have any difficulty lying on your front, back or side? YES NO

If yes, please explain _____

3. Do you have any allergies to lotions, oils, creams or ointments? YES NO

If yes, please explain _____

4. Are you currently pregnant? YES NO How many weeks? _____

5. Do you perform any repetitive motions in your work, sports or hobbies? YES NO

If yes, please explain _____

6. Is there a particular area where you are experiencing tension, stiffness, pain or other discomfort?

If yes, please explain _____

7. Do you have any particular goals for this massage? YES NO

If yes, please explain _____

8. Please list any medications or supplements you are currently taking _____

9. Is there anything from your health history that you feel would be useful for your massage practitioner to know? YES NO

If yes, please explain _____

Please note, Clients under the age of 17 must be accompanied by a parent or legal guardian during the entire session. Additionally, informed written consent must be provided by the parent or legal guardian for clients under the age of 17.

I, _____ (print name) understand that the massage 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 therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage 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 that I am aware of. I understand that massage therapists 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 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 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 fail to do so.

Client Signature _____ Date _____