

**Tranquil Moments Therapeutic Massage
Client Information and Health Form**

General Information:

Name _____ Birth Date _____

Address _____ Home Phone _____

_____ Work Phone _____

City/State/Zip Code _____ Occupation _____

_____ Other Activities _____

Describe your exercise habits _____

Describe your general diet _____

Describe how well you sleep _____

Describe your general health _____

Health History:

Have you ever had any surgery or hospitalization? _____

Have you ever been involved in an injury or an accident? _____

What kind of care did you receive? _____

Do you consider that you have recovered from these events? _____

Do you have any chronic, ongoing conditions that you deal with on a regular basis?

Explain. _____

Are you taking any medication? Explain. _____

Are you currently seeing a doctor for any reason? Explain. _____

Do you have any skin rashes or other skin problems right now? _____

Do I have permission to contact your doctor/therapist? _____

Names of doctors, chiropractors, or health practitioners:

Name _____

Name _____

Address _____

Address _____

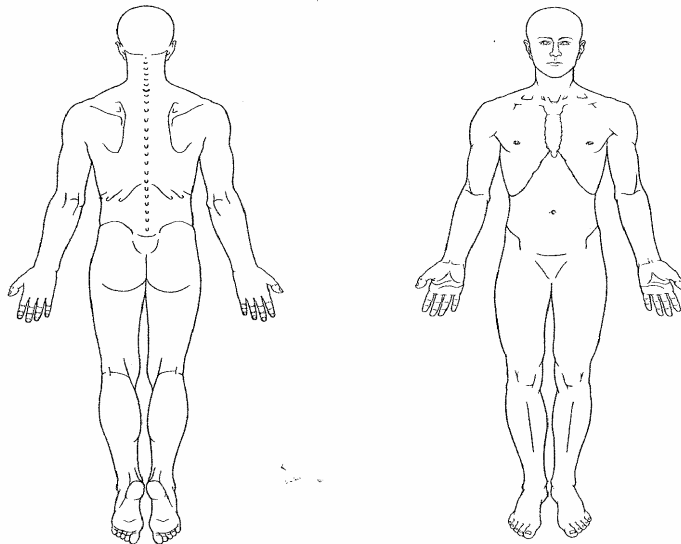
Phone _____

Phone _____

Treatment goals:

Why are you here? What do you hope to accomplish? _____

Please indicate where you have pain. On a pain scale of 1 to 10, 10 being excruciating and 1 being tolerable, please rate your pain.



Describe what you do that causes pain, and what activities tend to make it worse:

Have you had any massage therapy before? _____ What style? _____

Do you have any questions about massage? _____

How did you find out about my service? _____

Were you referred to me? _____ By whom? _____

In case of emergency notify: Name _____ Phone _____

I have completed this information form to the best of my knowledge. I understand the massage services are designed to be a health aid and are in no way to take the place of a doctor's care when it is indicated. Information exchanged during and massage session is educational in nature and is intended to help me become more familiar and conscious of my own health status and is to be used at my own discretion.

Our time together is precious and I agree to cancel 24 hours in advance. Unless there is an emergency, if I miss an appointment I agree to pay the full appointment fee.

Date _____ Signature _____

Termination of Session Notice

Clients may undress to their level of comfort, however city ordinances require that clients be covered by appropriate draping during the session. I reserve the right to terminate the session if clients fail to adhere to this requirement, are intoxicated or behave in an inappropriate manner.

Date _____ Signature _____