

# Harvest Moon Massage Therapy & Reflexology Client Information Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Does your phone receive Text Messages? Yes \_\_\_\_\_ No \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Referred By: \_\_\_\_\_

**IN CASE OF EMERGENCY:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*17 and under must be accompanied by a Parent or Guardian*

Occupation: \_\_\_\_\_

Hobbies or Regular Activities: \_\_\_\_\_

Are you currently under a Doctor's care? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Please list any medications and supplements you are currently taking: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe why you are here today (including any pain you are experiencing): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Yes	No	
		Have you ever had a professional massage?
		Are you wearing contact lenses?
		Do you have frequent headaches?
		Are you pregnant?
		Are you diabetic?
		Are you epileptic?
		Do you have high blood pressure?
		Do you have cardiac problems?
		Do you have circulatory problems?
		Have you ever had surgery?
		Do you suffer from back pain?
		Do you have numbness or stabbing pain?
		Are you sensitive to touch or pressure anywhere?
		Do you have allergic reactions to any substance?
		Have you ever broken a bone?
		Do you have osteopenia or osteoporosis?
		Do you suffer from dry skin, athlete's foot or other skin-based fungal infections?

Please take a moment to read the following information and sign below.

I understand massage therapy is for the purpose of stress reduction, relief of muscular tension and spasm, general relaxation and improvement of circulation. Aggressive, deep tissue massage techniques may cause pain, stiffness, soreness, skin irritations, marks, headaches, sinus congestion, bruising, injury or other medical conditions. I further agree not to hold the massage therapist liable should any of these side effects occur.

I understand that massage therapists do not diagnose illness, disease or any other physical or mental disorder. The massage therapist does not prescribe medical treatment or pharmaceuticals, nor do they perform any spinal manipulations. It has been made very clear that massage therapy is not a substitute for medical examination or diagnosis and that it is recommended that I see a physician for any physical ailment that I might have. I have stated all my known medical conditions and take it upon myself to keep the massage therapist updated on my physical health.

I understand that I will be draped throughout the massage session and any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of this session and I will be liable for payment of the scheduled appointment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your privacy is of utmost importance to me. I will never share information disclosed here except when compelled by law to do so.