

# CONSCIOUS JOURNEY

MASSAGE AND METAPERSONAL INTEGRATED THERAPIES

## Client Information Form

Name: \_\_\_\_\_ E-mail \_\_\_\_\_

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

Phone (best way to reach you):  (Home) \_\_\_\_\_  (Cell) \_\_\_\_\_  (Other) \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ (Required for insurance billing)

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

Referred by: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

Yes  No Have you previously experienced bodywork? What kind? \_\_\_\_\_

Yes  No Are you currently under a physician's care for any condition? Please describe: \_\_\_\_\_

Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Primary reason for today's visit, (please explain): \_\_\_\_\_

Areas of complaint, pain, tension, (please explain): \_\_\_\_\_

*Please answer the following questions:*

Yes  No Do you wear contact lenses?

Yes  No Do you wear dentures?

Yes  No Do you have any allergies? Please describe, especially if regarding a specific essential oil or lotion: \_\_\_\_\_

Yes  No Do you have arthritis? What type and where? Please describe: \_\_\_\_\_

Yes  No Do you have any heart problems? Please describe: \_\_\_\_\_

Yes  No Do you have any spinal problems? Please describe: \_\_\_\_\_

Yes  No Are you presently pregnant? How far along? Complications? \_\_\_\_\_

Yes  No Do you have varicose veins or blood clots? Please indicate where: \_\_\_\_\_

Yes  No Do you have any skin problems, diseases, or open sores? Where? \_\_\_\_\_

Yes  No Have you had surgery? How recently? Complications? \_\_\_\_\_

Yes  No Do you take any prescribed medications? Please list: \_\_\_\_\_

Yes  No Do you take supplements, herbs, and/or vitamins? What kind? \_\_\_\_\_

Yes  No Do you exercise or play sports on a regular basis? Please describe: \_\_\_\_\_

Yes  No Are you receiving any other complementary care currently, (chiropractor, naturopathic, acupuncture, nutritional, herbal, homeopathic, hypnotherapy)? If so, please describe:

\_\_\_\_\_

Yes  No Do you have any other physical or mental condition of which I should be aware before giving you a massage therapy treatment? If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

*Please read and initial:*

- \_\_\_\_\_ I understand that massage therapy is for the purpose of stress reduction, relief from muscular tension or spasm or for increasing circulation and energy flow.
- \_\_\_\_\_ I understand that the massage therapist does not diagnose illness, disease, or any other physical or mental disorder. In addition, the massage therapist does not prescribe medical treatment or pharmaceuticals.
- \_\_\_\_\_ It is understood that any illicit or sexually suggestive remarks or advances on the client's part will result in immediate termination of the massage session, and the client will be liable for payment of the full scheduled appointment.
- \_\_\_\_\_ It has been made very clear to me that massage therapy is not a substitute for medical examinations and/or diagnosis and that it is recommended that I see a physician for any physical ailment that I might have.
- \_\_\_\_\_ Because a massage therapist must be aware of existing physical conditions, I have stated all my known medical conditions and take it upon myself to keep the massage therapist updated on my physical health. Further, I release the therapist from responsibility and liability for any adverse reactions resulting from disclosed and undisclosed conditions.

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

*I have completed the above information accurately and have read, understand, and take responsibility for the above statements.*

*Therapist notes:*

