



East Windsor, NJ 08520
www.MendYourBodyMassage.com
Mendyourbodymassage@gmail.com
Phone: 609-529-1094 Fax: 609-371-2503

Client Health History Form

Contact Information

Date: _____

Name: _____

Address: _____

City, State, Zipcode: _____

Home Number: _____ Cell Number: _____

Email Address: _____

Date of Birth: _____

Occupation: _____

Were you referred? Yes No If yes, by whom? _____

How did you find Mend Your Body Massage?: _____

In case of emergency, contact: _____

Emergency Contact Telephone: _____

Health History

Before treatment begins, it is very important that any recent or chronic medical conditions and any medications you may be taking be discussed with your massage therapist. Some conditions may preclude you from receiving your massage, so please be honest and update us regularly of any medical history changes.

1. Are you pregnant? Yes No

If Yes, please inform your massage therapist. Certain techniques will not be available to you due to safety. You MUST complete the Prenatal forms as well.

2. Do you have any medical conditions? _____

3. Are you currently taking any medication? _____

4. Describe any major injuries, accidents, surgeries, or hospitalizations (include year of event):

5. What kind of care did you receive? _____

6. Do you consider yourself recovered from these events? Please explain: _____

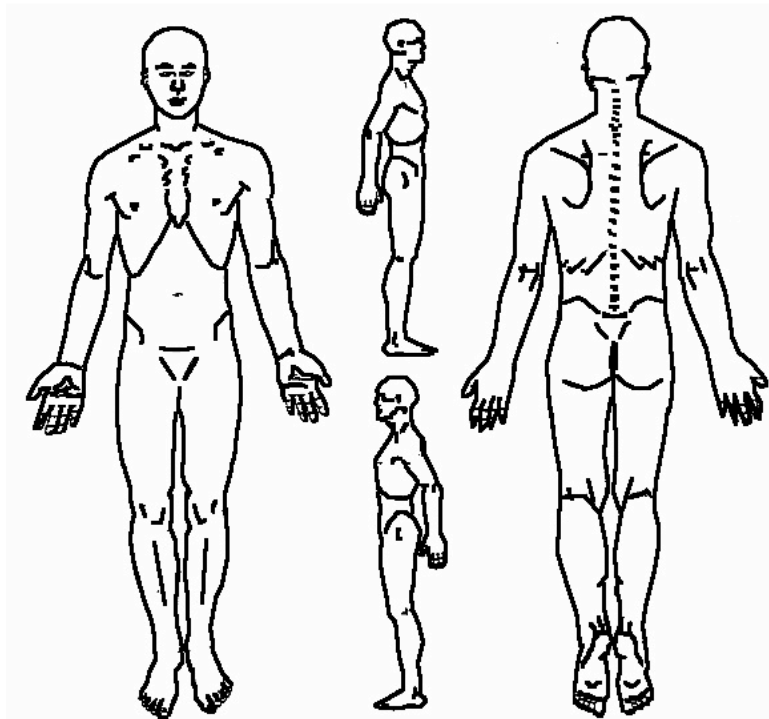
7. Do you have any skin allergies? _____

8. Are you currently seeing a doctor or alternative therapist for any reason? Please explain:

Treatment Plan

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

Please indicate where you have pain. Please indicate on a scale of 1-10 (1 being no pain and 10 being excruciating) how each area of pain feels.



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

Please describe anything not mentioned thus far that you feel is important for your therapist to know:



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Please read the following statement carefully, then sign below.

I fully understand that massage therapy is not a substitute for medical examination and/or diagnosis and that it is recommended that I see a physician for any physical ailment I may have. If I experience any pain or discomfort during this session, I will immediately inform the therapists so that the pressure, strokes, or position may be adjusted to my level of comfort. I will inform the therapist if I require the session to end prematurely and agree to provide full payment of the scheduled session, including travel fees if applicable. Because a massage therapist must be made aware of any existing physical conditions, I have stated all known medical conditions and take it upon myself to keep the therapist updated on my physical health. I understand that there shall be no liability on the practitioner's part should I fail to do so.

By signing this form, I grant permission to Mend Your Body Massage LLC to use photographs and/or videos taken by the company or those provided by me. I grant permission to use, reproduce, edit, exhibit, display, and/or publish photographic pictures and/or moving pictures and/or videotaped images in all forms and media (including but not limited to: on social media, Mend Your Body Massage LLC website, publications, and advertising/promotions). I waive all claims to compensation and damages. I acknowledge that Mend Your Body Massage LLC will, when possible, protect my privacy and identity.

I acknowledge any illicit or sexually aggressive remarks or advances made by me will result in immediate termination of the session, and I will be liable for full payment of scheduled appointment, including travel fees if applicable.

I acknowledge payment is due at the time of treatment. I agree to give at least 24 hours notice of appointment cancellation. I acknowledge if the cancelation is less than 24 hours before the appointment, half the amount may be charged. I understand if I do not contact the therapist, I will be charge the full cost of the appointment, including travel fees if applicable. Emergency situations or weather related instances are considered exceptions.

I hereby release Mend Your Body Massage LLC, its affiliates, and/or employees from any liability in the aforementioned. I have carefully read and understand all of the above and I have answered all questions fully and accurately.

Client signature _____ Date _____

Note:

I ask for your date of birth and occupation because both of these factors can be instrumental in figuring out what muscular problems you're likely to be experiencing. Activities required by, or typical of, various occupations can also provide a clearer picture of what may be causing pain or continuing to aggravate a previous injury. This is especially true with repetitive motion injuries, such as those that typists or house painters may suffer from.

I ask about specific conditions to ensure that receiving a massage will not pose any risk to either you or the therapist. Massage can have a powerful effect on our bodies, even if it's a "relaxation massage". Some conditions benefit from massage while other may be exacerbated by the increase in circulation or other local and systemic effects of bodywork. I thank you for your cooperation and hope you enjoy your massage.