

Buff Mama Massage Therapy

Client History Form:

Date:

Name:

Date of Birth:

Address:

Emergency Contact:

Physician/Phone #:

**Have you experienced massage before? Yes No
When?**

How Frequently:

Reason for today's visit?

List accidents/injuries you have had, including dates:

List operations you have had, including dates:

Are you pregnant? Yes No

Are you being treated for any medical conditions?

If so, for what conditions?

Please circle any of the following if you have them now or had in the past:

| | | | |
|------------|--------------------|---------------------|----------------------|
| Anxiety | Bruise easily | Cancer | Skin disorders |
| Arthritis | Heart problems | Dislocated Shoulder | Lymphedema |
| Asthma | Seizures, epilepsy | Broken bones | Lymph removal |
| Diabetes | Varicose veins | Dizziness | Circulatory problems |
| Headaches | Warts | Osteoporosis | Other: |
| Depression | Joint problems | Immune Problems | Allergies: |

I understand that massage/bodywork is not a substitute for medical examination, diagnosis or treatment, and that I should see a physician, chiropractor, or other qualified health professional for any physical or ailment of which I am aware. I further understand that massage/bodywork practitioners 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 sessions should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and agree to keep the practitioner updated regarding any changes in my medical profile. There shall be no liability on the practitioner's part should I fail to do so.

Client Signature:

Date:

Therapist Signature:

Date:

Consent to treatment of minor: By my signature, I hereby authorize Dawn Quioco to administer massage, or bodywork to my child or dependent as they deem necessary. (For clients age 16 and younger) Signature: Date: