

3. Do you have any old or new injuries? Any areas prone to injury? _____

4. Are you currently taking any medications? _____ If yes, please list _____

5. Have you ever, or do you now have any of the following:

_____ Allergies to oil or perfumes	_____ Diabetes	_____ Neck, mid/lower back pain
_____ Varicose veins	_____ Headaches	_____ High blood pressure
_____ Decreased range of motion	_____ Pregnancy	_____ Persistent abdominal pain
_____ Nervous tension	_____ Sprains	_____ Joint ache
_____ Broken bones	_____ Seizures	_____ Constipation
_____ Surgeries	_____ Accidents	_____ Whiplash

6. Do you have any other conditions not listed above? _____

7. Do you have any of the following:

_____ Irritated skin rash	_____ Open cuts, bruises, scrapes or burns
_____ Sunburn	_____ Inflammation or swelling

8. Habits:	Heavy	Moderate	Light	None
<i>Alcohol</i>	_____	_____	_____	_____
<i>Coffee</i>	_____	_____	_____	_____
<i>Exercise</i>	_____	_____	_____	_____
<i>Weekly sugar Consumption</i>	_____	_____	_____	_____

9. In what type of sports do you participate? _____

10. Do you have a training program? How often do you train? _____

_____ I have listed all known medical conditions and physical limitations and I will inform my therapist of any changes. I understand that a massage therapist cannot diagnose any illness, disease or any other medical, physical or mental disorder. Furthermore, I am responsible for consulting a qualified physician for any physical ailments that I have.

_____ I agree to pay for all services rendered at the time they are rendered unless prior arrangements have been made. Only cash or check is accepted as payment for services rendered.

Client Signature or Guardian of Minor: _____ **Date:** _____