

**About YOU — PLEASE WRITE CLEARLY:**

Name: \_\_\_\_\_ Cellphone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Emergency Contact Name/Cell #: \_\_\_\_\_

**How did you hear about Freedom Massage?** \_\_\_\_\_  
**Have you ever had a massage before today?** \_\_\_\_\_ *If yes, how often ?* \_\_\_\_\_

**Tell us about what you do and about your body:**

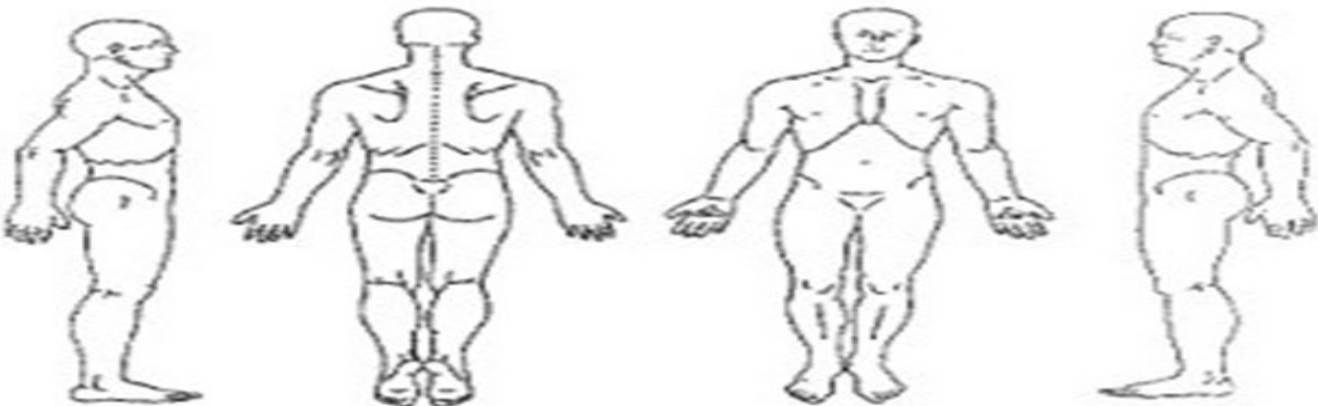
What is your occupation: \_\_\_\_\_ Are repetitive motions involved? \_\_\_\_\_  
 How frequently do you exercise? Daily/Several Times a Week/Occasional/No time/Not my thing Type of exercise? \_\_\_\_\_  
 Are you often sore after exercise? Always/Occasionally/Never  
 Do you stretch? \_\_\_\_\_ If so, how often do you stretch? \_\_\_\_\_ Can you touch your toes? \_\_\_\_\_  
 How would you describe your stress level: High Moderate Low  
 Do you have an easy time relaxing? \_\_\_\_\_ How often do you take time for YOU? \_\_\_\_\_  
 When is the last time you took a nice deep breath? \_\_\_\_\_

**MEDICAL CONCERNS please CIRCLE if applies:**

Blood Clots/Aneurysms Heart Condition Pregnant Diabetes Epilepsy Spinal Injuries Head Injuries  
 Skin Rash/Allergies Varicose Veins High Blood Pressure Bruise Easily Chronic Soreness Pregnant  
 Have you ever had or are you being treated now for cancer? \_\_\_\_\_ Please explain: \_\_\_\_\_  
 Do you have any contagious diseases? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
 Do you often suffer from Headaches/Migraines? \_\_\_\_\_ If so, Where? Front or Back of head Around eyes All over  
 Recent Surgeries? \_\_\_\_\_ List: \_\_\_\_\_  
 Medications? \_\_\_\_\_ Please list ALL: \_\_\_\_\_

**Give us a visual — Please also mark specifically what areas you currently feel are tense on your body and you absolutely want special attention**

Please write **ANY AREA YOU DON'T WANT WORKED ON:** \_\_\_\_\_  
 Did you want you Gluts worked on (buttocks)? \_\_\_\_\_ Did you want ABS worked on (if time)? \_\_\_\_\_



**So we can give you the help, care, and support you deserve — Please also let us know anything else you think is important in regards to your health or any discomfort you are experiencing previously, now, and if there is anything we can adjust during your session:**

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**Please carefully read below. Please note- your signature below validates you are responsible to share important/additional health information with your therapist today and at all appointments in the future:**

I, \_\_\_\_\_ have stated all conditions I am aware of, and this information is true and accurate to the best of my knowledge. I will inform my health care provider and massage therapist if anything changes in my status. If I experience any pain or discomfort, I will immediately inform my massage therapist so that the pressure and/or methods can be adjusted to my comfort level. I acknowledge that massage is not a substitute for a medical examination or diagnosis and that I should see my health care provider for those services. Verbal or physical conduct of a sexual nature will constitute as sexual harassment and will not be tolerated. I understand that I am receiving massage therapy at my own risk. In the event that I become injured either directly or indirectly as a result, in whole or in part, of the a foresaid massage therapy I hereby hold harmless and indemnify the therapist, their principals, and Freedom Massage from all claims and liability whatsoever. Under no terms or condition will I hold Freedom Massage liable for any unforeseen health changes before, during, or after my session. I understand my session if primarily for relaxation, body awareness, and stress reduction.

***IMPORTANT NOTE TO CLIENT: for Your well-being and others who may need a massage - therapists get paid "per session" AND appointment times are limited. I agree to give 24 Hours' Notice for all cancellations or I am may be charged for the appointment by Freedom Massage***

**MINORS: If massage is being done on a minor the signature below provides an understanding "the signer" is responsible to make sure the minor feels safe. Absolutely no one under 18 will be massaged without a parent or guardian in the room.**

**No action will be taken against Freedom Massage for treatment with this signature—all responsibility lies on the person whom signs.**

**CLIENT PRINT YOUR NAME:** \_\_\_\_\_

**Client Signature/Parent or Guardian**

**Date** \_\_\_\_\_

**Therapist Signature** \_\_\_\_\_ **PRINTED:** \_\_\_\_\_ **Date** \_\_\_\_\_