

NEW CLIENT FORM

PLEASE WRITE CLEARLY:

Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Email Address: _____

Emergency Contact Name and Phone Number: _____

How did you hear about Freedom Massage? _____

Have you ever had a massage before? _____ If yes, how often? _____

What is your preferred level of conversation during your massage?

I like to talk Some but I will lead the conversation I prefer silence.
(Please note: your therapist may ask about pressure during your session)

What is your occupation: _____ Are repetitive motions involved? Yes No

How frequently do you exercise? Daily Several times a week Occasionally Never

Are you often sore after exercise? Always Occasionally Never

Do you stretch? Yes No If so, how often do you stretch? _____

Medical Concerns please CIRCLE if applies:

Blood Clots/Aneurysms Heart Condition Diabetes Epilepsy Spinal Injuries
Head Injuries Skin Rash/Allergies Varicose Veins High Blood Pressure
Bruise Easily Chronic Pain Pregnant TMJ Headaches Neurological Issues

Have you ever been treated for cancer? _____

Do you have any contagious diseases? If yes, please explain: _____

Recent Surgeries? List: _____

Please list all medications you are currently taking: _____

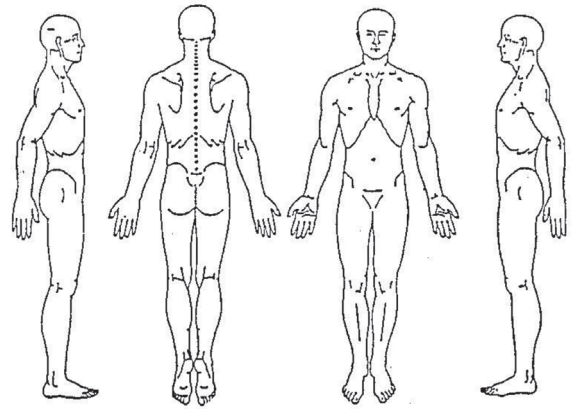
Please mark at right which areas you currently feel are tense on your body and need special attention:

Please write any area you **don't want worked on**:

Do you want **glutes** worked on (buttocks)?

Do you want **abs** worked on?

So we can give you the help, care, and support you deserve, please let us know anything else you think is important in regards to your health:



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 aforesaid 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 is primarily for relaxation, body awareness, and stress reduction.

Minors: If massage is being done on a minor, the signature below provides an understanding that “the signer” is responsible to make sure the minor feels safe. By law, 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 (please print): _____

Client Signature/Parent or Guardian: _____ Date: _____

Therapist (please print): _____

Therapist Signature: _____ Date: _____