Peaceful Mountain Massage
Kay Weedn, LMT
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CLIENT INFORMATION FORM

NAME _____ DATE OF BIRTH _____ TODAY'S DATE _____
ADDRESS_____
CITY _____ STATE _____ ZIP CODE _____
PHONE (H) _____ CELL _____
OCCUPATION _____ E-MAIL _____
IN CASE OF EMERGENCY PLEASE NOTIFY _____

AREAS TO CONCENTRATE ____Back___shoulders____Mid back___low back___legs ___feet___hands
AREAS TO AVOID_____

PLEASE CHECK ALL THAT APPLY: **PLEASE CHECK: Y N**
Have you had any recent surgery? (Last year)_____ Metal Implants?_____
Have you had any recent injury?_____

☐ **Allergies**	☐ **Migraine/Headache**	☐ **Arthritis**
☐ **Cancer**	☐ **Epilepsy**	☐ **Diabetes**
☐ **Contacts**	☐ **Heart Trouble**	☐ **Infection**
☐ **Skin Disorder**	☐ **Sciatica**	☐ **Varicose Veins**
☐ **Spinal Injury**	☐ **Tense Muscles**	☐ **Thyroid**
☐ **Low Blood Pressure**	☐ **High Blood Pressure**	☐ **Cosmetic Surgery**

Are you currently pregnant? _____

Have you ever received a massage before? _____ When was you last session? _____

How were you referred? _____

PLEASE INITIAL AGREEING TO THE FOLLOWING:

_____I am responsible for any valuable items I bring into the massage studio with me.

_____Draping will be used during all sessions.

_____There will be NO breast massage performed on female clients.

Service Requested today: ___Swedish ___ Therapeutic ___ Deep Tissue ___Hot Stone
___Mini facial___Cranial sacral ___Reflexology___Raindrop___Pregnancy__Body scrub___

Massage therapy is given for stress reduction, relief from muscular tension and for enhancing circulation and energy flow. I understand that massage is not to be used in place of medical treatment. It is recommended that I see a physician for any medical problems I might have. I also certify that my medical history provided on this form is correct to the best of my knowledge.

X Client Signature _____ Date _____
Parent or Guardian (if under 18) _____ Date _____
Therapist Signature _____ Date _____