

Name: _____ Male/Female _____ DOB: _____
 Address: _____ (mailings may be sent here.)
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____
 Emergency Contact: _____
 E-mail Address: (updates and coupons may be sent) _____
 Occupation: _____ Spouse: _____
 Who may we thank for referring you? _____

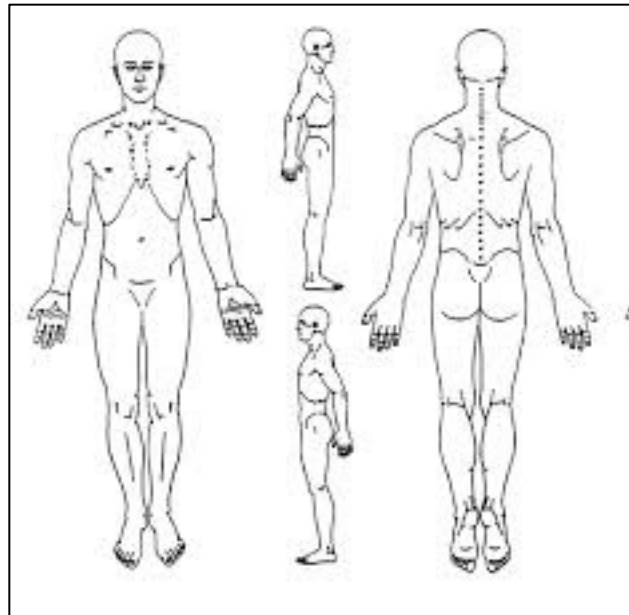
If having a "Therapeutic" massage, what is your **major complaint** or condition you want to improve on **today**?

What activities or products
aggravate this condition?

improve this condition?

Height: _____ Weight: _____

Are you under medical/therapeutic treatment?
 If yes, for what condition(s)?



List any **medications** (including aspirin, **herbs**, and vitamins) taken in the last 12 months & for what condition(s):

Informed Consent

I, _____, (**PRINT NAME**) am at least 18 years of age or older and understand that licensed massage therapy provided here at MassageFIX is intended to enhance relaxation, reduce pain caused by muscle tension, increase range of motion, improve circulation and offer a positive experience of touch. Any other intended purposes for massage therapy are specified here:

I understand that massage therapy is not a substitute for medical treatment or medications, and that it is recommended that I concurrently work with my Primary Caregiver for any condition I may have. I am aware that the massage therapist does not diagnose illness or disease, does not prescribe medications, and that spinal manipulations are not part of massage therapy. I have informed the massage therapist of all my known physical conditions, medical conditions and medications, and I will keep the massage therapist updated on any changes.

 Date/ LMT _____ Client Signature _____ Date _____