

Personal Information

name (last, first) : _____

date of birth : _____ gender : _____

height : _____ weight : _____

phone : _____

email : _____

preferred method of contact: phone email text

address : _____

city : _____ state : _____ zip : _____

occupation : _____

How did you discover BITM? _____

Emergency Contact Information

name : _____ phone : _____

Massage Experience

Have you ever had a professional massage? yes no

If yes, please answer the next 3 questions:

What types of massage? _____

What is your pressure preference?

What are your goals for treatment? _____

Current Health

Do you exercise or participate in any sports? yes no

If yes, what kind and how often? _____

Do you sit or stand for long periods of time regularly?

If yes, explain : _____

Are you currently experiencing any tension, stiffness, discomfort or pain? yes no

If yes, describe : _____

Have you recently had an injury, surgery or any areas of inflammation? yes no

If yes, explain : _____

Are you pregnant? yes no If yes, how far along? _____

Do you have any allergies? no yes (please list) _____

Cancellations & No Call, No Show's

If you need to cancel or reschedule an appointment, 24 hours notice is required. Notice can be given via phone call/voicemail, text message or email. You do not need to give a reason or explanation as to why.

In the event that adequate cancellation notice is not given or you do not show up for your scheduled appointment, the card on file will be charged a fee of \$30. If your session was paid for in advance, you will not lose your session. Instead, the \$30 cancellation fee will be collected at the time of your next visit. By signing below you acknowledge that you understand and accept the Back In Touch, LLC cancellation policy.

Restrictions

Back In Touch Massage, LLC: strictly enforces a zero tolerance for any sexual solicitations. We reserve the right to report offenders to the authorities. At the massage therapist's discretion, if such an event were to occur, the therapist has the right to immediately end the session and the client will be charged the full price of the service plus 20% gratuity. By signing below you acknowledge that you have read, understand and accept this policy.

client signature : _____

date : _____

Health History

musculoskeletal

- bone or joint disease
- tendonitis/bursitis
- arthritis/gout
- jaw pain (TMJ)
- lupus
- spinal problems
- migraines/headaches
- osteoporosis

circulatory

- heart condition
- phlebitis/varicose veins
- blood clots
- high/low blood pressure
- lymphedema
- thrombosis/embolism

respiratory

- breathing difficulty/asthma
- emphysema
- sinus problems

nervous system

- shingles
- numbness/tingling
- pinched nerve
- chronic pain
- paralysis
- multiple sclerosis
- parkinson's disease
- fibromyalgia

reproductive

- ovarian/menstrual issues
- prostate

skin

- rashes
- cosmetic surgery
- athlete's foot
- herpes/cold sores

digestive

- irritable bowel syndrome
- bladder/kidney ailment
- colitis
- crohn's disease
- ulcers

pyschological

- anxiety/stress syndrome
- depression

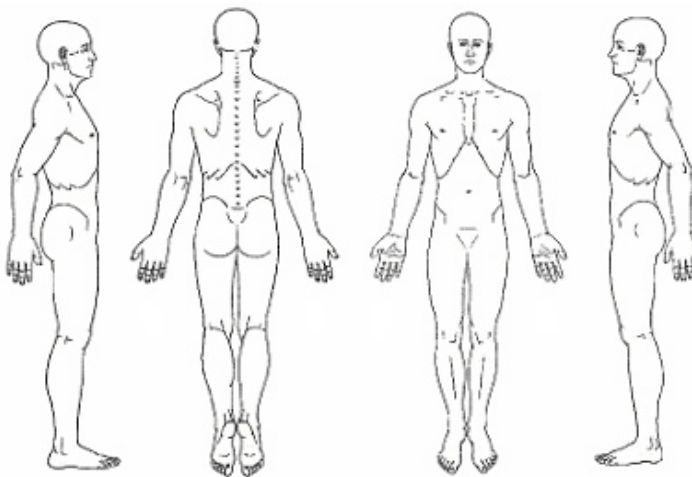
other

- cancer/tumors
- diabetes
- drug/alcohol/tobacco use
- hearing aids
- dental work

Other medical condition(s) not listed:

Please list any medications you are currently taking, including over the counter, supplements and herbal:

Please mark any problem areas you have on the figures shown below:



Client Agreement:

It is my choice to receive massage therapy and I hereby give my consent for treatment. I am aware of the benefits and risks of massage and understand that my massage therapist does not diagnose illness, disease or any other physical/mental disorders. I acknowledge that massage therapy is not a substitute for medical care, medical examination or diagnosis. I understand that information provided by my massage therapist is for educational purposes only and is not diagnostically prescriptive in nature. I understand that there is no implied or stated guarantee of success of effectiveness of individual techniques or series of appointments. I have stated all medical conditions that I am aware of and will inform my massage therapist of any changes in my health status. I understand that it is solely my responsibility to keep my massage therapist updated on any changes in my physical health and that they shall not be held liable should I fail to do so. If at any point during my massage sessions I experience pain or discomfort, I agree to let my massage therapist know immediately. By signing below, I agree that all information provided is accurate to the best of my knowledge and hereby waive my massage therapist from any and all liability relating to my massage therapy sessions at Back In Touch Massage, LLC.

client signature : _____

date : _____