Soothe Your Soul

CLIENT INFORMATION FORM

Please print clearly

NAME _____ AGE _____ DATE OF BIRTH _____

ADDRESS _____City_____Zip_____

PHONE _____ EMAIL ADDRESS _____

OCCUPATION _____

PHYSICIAN _____

EMERGENCY CONTACT _____ CONTACT PHONE_____

REFERRED BY_____

The following information will be used to help plan safe and effective sessions.
Please answer the questions to the best of your knowledge.

Date of initial visit _____

Have you had a professional massage or Craniosacral session before? Yes No

If yes, how often do you receive massage/Craniosacral therapy? _____

Do you have any difficulty laying on your front, back or side? Yes No

Do you have sensitive skin or allergies to oils, lotions or ointments? Yes No

If yes, please explain _____

Are you currently under medical supervision? Yes No

If yes, please explain _____

Are you currently taking any medication? Yes No

If yes, please list _____

Is there a particular area of the body where you are experiencing tension, stiffness, pain or other discomfort? Yes No

If yes, please identify _____

Do you have any particular goals in mind for this session? Yes No

If yes, please explain _____

What type of massage pressure to you prefer? Light Medium Firm

Please check any condition listed below that applies to you:

( ) stress
( ) headaches/migraines
( ) pregnancy If yes, how many months? ___
( ) arthritis
( ) diabetes
( ) high Blood Pressure
( ) epilepsy or Seizures
( ) joint swelling
( ) varicose veins
( ) contagious diseases
( ) osteoporosis
( ) allergies
( ) surgery in the last 2 years
( ) hip or knee replacement
( ) bruise easily
( ) broken bones in last 2 years
( ) sprains/strains
( ) spinal injuries/fusions/herniated discs
( ) cardiac/circulatory problems
( ) back pain
( ) neck pain
( ) numbness/stabbing pain
( ) sensitive to touch or pressure
( ) TMJ
( ) cancer
( ) tension/soreness in specific area

Please explain any condition that you have marked above _____

_____

Is there anything else about your health history that you think would be useful for your practitioner to know to provide a safe and effective session for you? _____

_____

Draping will be used during session - only the area being worked on will be uncovered.

Clients under age 18 must be accompanied by a parent or legal guardian.

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/ bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

Signature of client (or parent/guardian if under 18) _____Date _____

Signature of Massage Therapist _____Date _____

I understand that Soothe Your Soul has a **24 hour cancellation policy**. If I fail to cancel my appointment within 24 hours or "no-show", I will be responsible for the entire session fee. I further understand that if I arrive late to my scheduled appointment, my appointment may be shortened to accommodate the schedule and I will still be responsible for the full session fee. _____(initial here)