

A VITAL TOUCH

Client Information Sheet

Date: _____

Name: _____ Date of Birth: _____

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

Phone: () _____ Cell: () _____ E-mail: _____

Occupation: _____ How did you find us? _____

Can we send you our specials & newsletters? Yes, send to home address and/or e-mail No Thank You

Is this your first massage? _____ Do you have an allergy to macadamia nuts? _____

Medical History

Previous major illness: _____

Are you under a physician's care? Yes _____ No _____ Physician: _____

For what condition? _____

Are you taking any medications? Yes _____ No _____ If so, please list: _____

Please list any surgeries: _____

In case of emergency, contact person is: _____ Phone: () _____

Current Condition

YES NO

____ Are you experiencing any pain or discomfort? Explain: _____

____ Do you have arthritis? Which Areas: _____

____ Do you have high blood pressure?

____ Do you have varicose veins?

____ Do you have cardiac or circulation problems?

____ Do you have epilepsy or seizures?

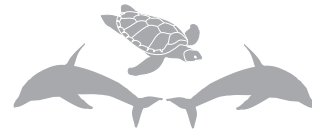
____ Restriction of motion? Where: _____

____ Do you have frequent headaches?

____ Do you have any contagious diseases?

____ Have you had any recent head injuries?

____ Are you sensitive to any scents? Which ones: _____



Please list any medical conditions I should be aware of: _____

What colors and scents feel healing to you: _____

Reason you scheduled this appointment: _____



I understand that the bodywork/massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during my session(s), I will inform the practitioner immediately. 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, or other qualified medical specialist for any mental or physical ailment of which I am aware. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes. 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 full payment of the session.

 Client's Signature: _____ Date: _____