

Sacred Touch for Men

Confidential Client Information

Name _____ Birth Date _____ Age _____

Address _____ City _____ State _____ Zip _____

Primary Phone _____ Other Phone _____

How did you hear about me? _____

Email _____ May I send you occasional emails? _____

To ensure that any existing medical conditions are not made worse by your massage or bodywork, I need to obtain a brief medical history. This information will be held in strict confidence.

Have you had any recent surgeries, wounds or severe bruising? _____

Do you have any bone, muscle or joint disease? _____

Do you have any allergies? _____

Do you experience numbness or tingling? _____

Do you experience chronic tension or soreness? _____

Are you experiencing any tightness or soreness now? _____

Are you currently experiencing any skin condition (rash, fungal infection, infestation)? _____

Do you experience a lot of stress? _____

Are you under medical care for any other condition? _____

I understand that massage and bodywork therapies are provided for my relaxation and/or education. If I experience any pain, discomfort, or other concerns during the session I will immediately notify the therapist so the session can be adjusted to my comfort. I further understand that massage and bodywork should not be construed as a substitute for the services of a medical professional. I understand that massage and bodywork therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and nothing said in the session should be construed as such. Because massage and bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and agree to keep the therapist updated with any changes to my medical profile. I understand that no liability is assumed or implied should I neglect to disclose medical information.

Client Signature: _____ Date: _____