

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 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, bodywork or coaching therapies are provided for my relaxation, education and personal growth. I further understand that these services should not be construed as a substitute for the services of a medical professional or a psychotherapist. I understand that neither a massage therapist nor a coach is 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.

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. 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 update the provider 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: _____