

Cloud 9 Therapeutic Massage Client Information Form

All information is confidential. It will not be shared with or sold to any other companies or parties.

Name _____ Birthday _____
Address _____
City, State, Zip _____
Home Phone _____ Work Phone _____
Cell Phone _____ Email Address _____ @ _____
Who should we contact in case of emergency? _____ Phone _____
Who can we thank for referring you to Cloud 9 Therapeutic Massage? _____

Massage Treatment Intake

Have you had a professional massage before? _____ If so, when was your last session? _____
What is your occupation? _____
Circle the primary purpose of today's visit? pain relief relaxation pampering other _____
Have you ever been hospitalized? _____ For what/when? _____

Please list any significant injuries and when they occurred. _____

Please list any current medications. _____

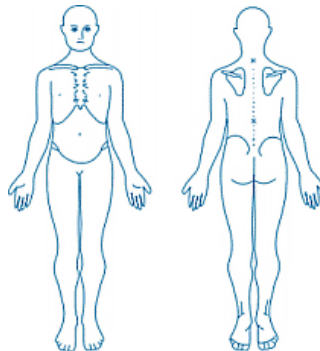
Please circle any symptoms/conditions that are current or have been present in the last six months:

Allergies Phlebitis Pregnancy Chest pain Headaches Dizziness Anxiety Fatigue
Sinusitis Head cold Bronchitis Eye strain Breathlessness Varicose Veins
Abdominal pain Urinary/Menstrual Problems Digestion Problems Other _____

Please circle any conditions that are present now or have occurred in the last five years:

Thyroid problems Kidney disease Emphysema Diabetes HIV/AIDS Polio Hernia
Scoliosis Ulcers Cancer High/Low Blood Pressure Hepatitis Weight Problems
Hypoglycemia Degenerative Disc Disease Heart Disease Asthma Other _____

Please mark any areas of tension below:



Do you wish to receive massage on the gluteal/hip area? (circle one) YES NO
Do you wish to receive massage on the abdominal area? (circle one) YES NO

I understand that massage therapy is not a substitute for medical care and will seek care from a licensed medical provider when needed. I will also keep my massage therapist informed of any new conditions, injuries or illnesses that occur. By signing this form, I am giving my informed consent to receive massage therapy (deep tissue, Swedish, Sports, trigger point, myofascial release, hot/cold therapy and various stretching techniques may be used) and/or spa services at Cloud 9 Therapeutic Massage.

Client Signature _____ Date _____