

Holly's Healing Hands

CLIENT PROFILE FORM

Name _____ Date Of Birth ____ / ____ / ____

Address _____ City _____ State ____ Zip ____

Phone (Home) _____ (Cell) _____

Occupation _____ Hobbies/Activities _____

Email _____ Referred By _____

Emergency Contact _____ Phone _____

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Bruise Easily | <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Circulatory Problems | <input type="checkbox"/> Recent Injury | <input type="checkbox"/> Muscle Spasms |
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> Seizures | <input type="checkbox"/> Recent Infection | <input type="checkbox"/> Numbness |
| <input type="checkbox"/> Neck Pain | <input type="checkbox"/> Headaches | <input type="checkbox"/> Skin Disorders | <input type="checkbox"/> Jaw Pain |
| <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Stabbing Pain | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> Varicose Veins | <input type="checkbox"/> Swollen or Painful Joints |
| <input type="checkbox"/> Other (<i>Please Explain</i>) _____ | | | |

Are you taking any medications? yes no

I understand that it is my responsibility to inform the Licensed Massage Therapist (LMT) of any changes in my health status prior to subsequent treatments.

I further understand that the massage I receive is not intended to treat any disorder of the human body.

I understand that the massage/bodywork is being given to me for treatment of conditions that may include stress reduction, relief from muscular tension, spasm, or pain, or for increasing circulation or energy flow. If I experience any pain or discomfort during the session, I will notify the LMT immediately so the pressure may be adjusted to my comfort level.

I further understand that the massage/bodywork should not be construed as a substitute for medical examination or diagnosis.

I understand that the LMT is not qualified to perform spinal or skeletal adjustments, diagnose, or treat any physical illness.

Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all known medical conditions and have answered all questions honestly.

I agree to keep the LMT updated as to any changes in my medical profile.

Sexual advances of any kind are unwelcome and will result in termination of the session with payment due in full.

Client Signature _____ Date _____