

# Massage in Warwick

(Confidential Client History & Disclaimer Form)

Client's Name \_\_\_\_\_ Date \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Occupation \_\_\_\_\_ Are you wearing contact lenses? \_\_\_\_\_

Any chance you are pregnant? \_\_\_\_\_ Are you on an exercise program? \_\_\_\_\_

Have you ever had a professional massage before? \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Have you had ANY injuries, illnesses, accidents or surgeries? \_\_\_\_\_

Are you under a doctor's care? \_\_\_\_\_ Are you taking medication? \_\_\_\_\_

Do you have any allergies to oils or essences? \_\_\_\_\_ Do you have any other allergies? \_\_\_\_\_

Please check & if you have a history or current problem with any of the following conditions:

- |  |                                     |                                       |  |  |
|--|-------------------------------------|---------------------------------------|--|--|
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Cancer     | <input type="checkbox"/> Headaches    | <input type="checkbox"/> Allergies       | <input type="checkbox"/> TMJ                     |
| <input type="checkbox"/> Low blood pressure  | <input type="checkbox"/> Hepatitis  | <input type="checkbox"/> Insomnia     | <input type="checkbox"/> Heart attack    | <input type="checkbox"/> Kidney problem          |
| <input type="checkbox"/> Multiple Sclerosis  | <input type="checkbox"/> Fatigue    | <input type="checkbox"/> Bruising     | <input type="checkbox"/> Osteoporosis    | <input type="checkbox"/> Joint Pain              |
| <input type="checkbox"/> Digestive disorders | <input type="checkbox"/> Phlebitis  | <input type="checkbox"/> Dizziness    | <input type="checkbox"/> Skin disorders  | <input type="checkbox"/> Sprains/Strains         |
| <input type="checkbox"/> Bladder infections  | <input type="checkbox"/> Swelling   | <input type="checkbox"/> Arthritis    | <input type="checkbox"/> Spasms/Cramps   | <input type="checkbox"/> Immune system disorders |
| <input type="checkbox"/> Hip/Back Pain       | <input type="checkbox"/> Diabetes   | <input type="checkbox"/> Epilepsy     | <input type="checkbox"/> Varicose veins  | <input type="checkbox"/> Carpal Tunnel Syndrome  |
| <input type="checkbox"/> Constipation        | <input type="checkbox"/> Depression | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Contagious Condition    |

Do you have any conditions that I have not mentioned? \_\_\_\_\_

What previous treatments have you tried and has it worked? \_\_\_\_\_

***Please take a moment to carefully read the following information:***

I understand that the massage I receive is for the basic purpose of relaxation, stress reduction, and the relief of muscular tension. If I experience pain or discomfort during the session, I will immediately inform my therapist so that the pressure and/or strokes may be adjusted to my level of comfort.

I further understand that massage should NOT be construed as a substitute for medical attention and that I should see a physician, chiropractor, or other qualified medical specialist for any medical or physical ailment that I am aware of.

I understand that my massage therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session(s) given should be construed as such.

Because massage is contraindicated under certain medical conditions, I affirm that I have stated all of my known medical conditions, and have answered all questions honestly. I agree to keep my massage therapist updated as to any change in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so.

I understand that payment is due in full at the time of service by Cash or Check. If a Check is returned, I am fully responsible for paying the Check amount plus an additional \$40 Fee. Please make all payments payable to Jiva.

It is understood that any illicit 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 scheduled appointment.

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Signature of Client

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Date