

# GETTING TO KNOW YOU



<i>Your Full Name</i>	<i>Today's Date</i>
<i>Address</i>	<i>Cell #</i>
<i>Email</i>	<i>Date of Birth</i>

## IMPORTANT INFO

<i>Your Occupation &amp; Employer</i>	
<i>Your Primary Physician &amp; Their Phone Number</i>	
<i>Your Emergency Contact &amp; Their Phone Number</i>	

<p><i>Your Current Medications</i></p>	
<p><i>Are You Currently Pregnant?</i></p> <p><i>If so, how far along?</i></p>	
<p><i>Are there any high-risk pregnancy factors?</i></p>	
<p><i>Do you suffer from chronic pain?</i></p> <p><i>If so, where, and what makes it better/worse?</i></p>	
<p><i>Please rate your pain on a scale of 1-10 with 1 being no pain and 10 being intense pain.</i></p>	<p>1   2   3   4   5   6   7   8   9   10</p>
<p><i>Have you had any orthopedic injuries?</i></p> <p><i>If so, please tell me about them.</i></p>	
<p><i>Please circle and explain any of these that apply to you:</i></p> <ul style="list-style-type: none"> <li>● <i>Arthritis</i></li> <li>● <i>Diabetes</i></li> <li>● <i>Joint Replacement</i></li> <li>● <i>High Blood Pressure</i></li> <li>● <i>Low Blood Pressure</i></li> <li>● <i>Fibromyalgia</i></li> <li>● <i>Cancer</i></li> <li>● <i>Neuropathy</i></li> <li>● <i>Stroke</i></li> <li>● <i>Kidney Dysfunction</i></li> <li>● <i>Numbness</i></li> <li>● <i>Headaches/Migraines</i></li> <li>● <i>Heart Attack</i></li> <li>● <i>Blood Clots</i></li> </ul>	

● <i>Sprains/Strains</i>	
<i>Have you had or do you currently have Covid 19?</i>	YES NO
<i>Have you ever had a professional massage prior to today?</i>	YES NO
<i>What level of pressure do you prefer?</i>	LIGHT MODERATE DEEP
<i>Do you have any allergies or sensitivities?</i>	
<i>Are there any areas (feet, hands, face, abdomen, etc.) you DO NOT want massaged?</i>	
<i>What are your goals for this session today?</i>	

## SIGNATURE

By signing here, you agree to the following.

- I give my permission to receive massage therapy.
- I understand that therapeutic massage is not a substitute for traditional medical treatment or medications.
- I understand that the massage therapist does not diagnose illnesses or injuries or prescribe medications.
- I have clearance from my physician to receive massage therapy.
- I understand the risk associated with massage therapy include, but are not limited to:
  - superficial bruising
  - short term muscle soreness
  - the exasperation of undiscovered injury

I therefore release the company, Massage Remedy of Roswell, Anet Post, MT002569 from all liability concerning these entries that may occur during the massage session.

- I understand the importance of informing my massage therapist of all medical conditions and medications I am taking and letting the massage therapist know about any changes to these. I

understand that there may be additional risks based on my physical condition.

- I understand that it is my responsibility to inform my massage therapist of any discomfort I may feel during the massage session, so that she may adjust.
- I understand that I or the massage therapist may terminate my session at any time for any reason.
- I have been given a chance to ask questions about the massage therapy session and my questions have been answered to my satisfaction.
- I give complete permission to have a therapeutic massage today.

I have completed this form to the best of my ability and acknowledge and agree to inform my therapist if any of the above information changes at any time.

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative or Parent: \_\_\_\_\_