

Signature Massage

805-9075233 77kathymccoy@gmail.com

Last name _____ First name _____

Address _____ City _____

Phone (H) _____ Email _____

Male or Female _____ D.O.B _____ Age _____

Emergency contact's name and phone number _____

Are you pregnant at this time? _____

Have you had any type of surgery in the last 3 months? _____

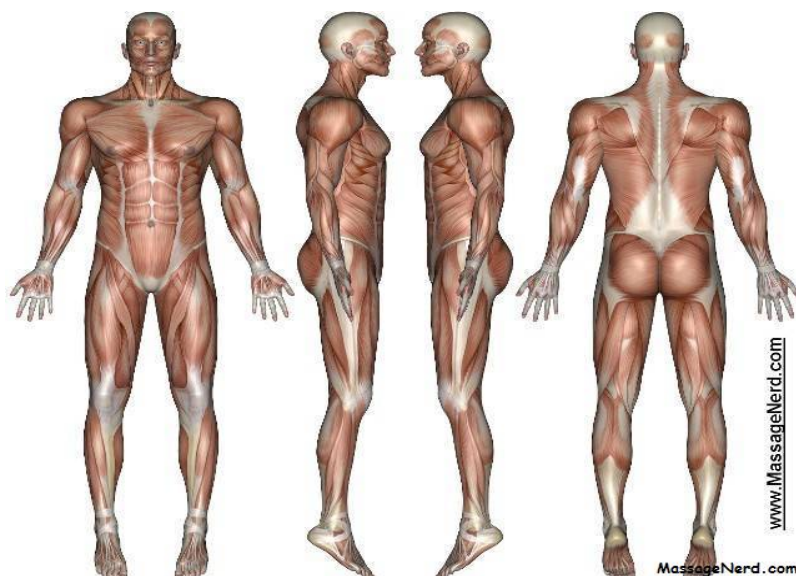
What medications are you currently taking? _____

Do you have any medical conditions or injuries? Yes No

If yes describe _____

Do you experience now or have a history of the following:

- ☐ Arthritis, bursitis
- ☐ Cancer
- ☐ Tuberculosis
- ☐ Headaches
- ☐ Joint problems
- ☐ Diabetes
- ☐ Asthma
- ☐ Varicose veins
- ☐ Neck or spinal injury or fusion
- ☐ Easily bruised
- ☐ Hepatitis
- ☐ Skin conditions
- ☐ Heart conditions
- ☐ High blood pressure
- ☐ Phlebitis



- ☐ Stress level (on a scale of 1-10) 10 being the highest
- ☐ Allergies
- ☐ Colitis
- ☐ Sensitivity to touch or pressure
- ☐ Numbness or tingling in fingers or toes
- ☐ Sprain or strains
- ☐ Skin infections, rashes
- ☐ Stabbing pain
- ☐ Decreased range of motion
- ☐ Blood problems
- ☐ Broken bones
- ☐ Epilepsy
- ☐ Abdominal pain
- ☐ Whiplash
- ☐ HIV
- ☐ Osteoporosis
- ☐ TMJ jaw problems

If yes, please describe: _____

Are you aware of any other condition (s) that might affect your treatment?

If yes, please describe _____

I, _____, have answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile. I understand that there shall be no liability to the practitioner if I forget to disclose information in writing on this form or withhold information. The undersigned hereby releases from liability and agrees to indemnify and hold harmless the massage practitioner. This release is for any and all liabilities and personal injuries (including death) occasioned by, or in connection with, any activity during the massage. The undersigned also agrees that there will be a \$50.00 Cancellation Fee, if an appointment is not canceled at least 24 hours in advance.

Signature _____ **Date** _____