Client Health Information

Name: ____

Phone: (H)(____) ____________ (M) (_____) ___________

Email: ____

Date of Birth: _______________________ Age: _________

Address: ____

City: _________________ State: _____ Zip Code: ________

Occupation: ______________________________

Employer: ________________________________

How did you hear about us or whom may we thank for referring you?

____

Reason for Visit and/or Primary Complaint:__________________ Have you had professional massage? Yes___No___

Are there circumstances that might create discomfort?____

Medical Information (check or circle any conditions that apply to you)

____Abdominal Pain	____Dizziness	____Mental Illness/Addiction
____Allergy to Coconut Oil	____Fatigue	____Muscular Injuries/Disease
____Arthritis	____Fibromyalgia	____Neurological Problems
____Cancer: ___________	____Headaches/Migraines	____Pregnancy # wks: ____ due date: _______
____Chest Pain	____Heart Disease/Pacemaker	____Respiratory/Congestion
____Circulatory Problems	____High Blood Pressure	____Skeletal/Spinal Injury/Dysfunction
Swelling or Clotting	____Insomnia/Sleep Disorders	____Skin Problems/Rashes: _____________
____Constipation/Digestive Issues	____Implants:______________	____Surgeries: _______________________
____Depression/Anxiety	____Joint Repl: ______________	____Trauma/Abuse
____Diabetes	____Lymphedema	____Other Conditions: _________________

Physician:____Phone:_______________________

Who to contact in case of emergency:______________________________________Phone:_______________________

Are you currently taking prescription medications? Yes__ No___ _Meds: ____

Informed Consent

Massage can affect the body on different levels, both emotionally and physically. A massage therapist must be aware of any existing physical conditions. I have listed all my known medical conditions and physical limitation, and I will inform my massage therapist of any changes in my health.

I understand and agree that: 1) I acknowledge that I am receiving massage from a licensed massage therapist; 2) massage therapy is for the purpose of stress reduction, relief from muscular tension, and/or for improving circulation; 3) massage therapists neither diagnose illness, disease, or any other medical, physical or mental disorder, nor performs spinal manipulations; 4) I am responsible for consulting a qualified physician for any physical ailments that I may have.

All massages are non-sexual. Both the therapist and I have the right, **at any time**, to terminate a session.

→ ________ (initial) I understand that the **Draping Requirements of the North Carolina Administrative Code, reads**: "All North Carolina licensed Massage and Bodywork Therapists shall provide draping in a manner that ensures the safety, comfort and privacy of the client; and massage therapists will ensure that the following areas are draped during treatment: the gluteal and genital areas for male and female clients, and the breast area for female clients. With **voluntary and informed consent** of the client, the gluteal and breast drapes may be temporarily moved in order to perform therapeutic treatment to structures in those areas." Title 21, Chapter 30, Section .0506. **Touch of Serenity Massage Therapy** and its therapists believe treatment to gluteal and breast areas can, and will, be performed fully draped, except in specific cases. For your comfort and protection, the client can always refuse treatment or terminate a treatment to which they have given consent.

X Signature:____ Date:________________