

# RENUUE MASSAGE THERAPY

## PERSONAL INFORMATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME OR WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

HOW DO YOU PREFER TO BE CONTACTED \_\_\_\_\_

OCCUPATION \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ EMERGENCY PHONE NUMBER \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

## MESSAGE EXPERIENCE

HAVE YOU EVER RECEIVED MASSAGE? YES NO

IF YES, WHAT TYPE? \_\_\_\_\_

HOW LONG SINCE YOUR LAST MASSAGE? \_\_\_\_\_

FREQUENCY OF MESSAGES: \_\_\_\_\_

WHAT ARE YOUR GOALS FOR TREATMENT? \_\_\_\_\_

## CURRENT HEALTH

ARE YOU PREGNANT? YES NO

DO YOU EXERCISE REGULARLY? YES NO

IF YES, WHAT KIND OF EXERCISE/SPORT? \_\_\_\_\_

DO YOU PERFORM ANY REPETITIVE MOVEMENT IN YOUR WORK, SPORT, OR EXERCISE? \_\_\_\_\_

DO YOU SIT AT A WORK STATION, COMPUTER OR DRIVE FOR LONG HOURS? \_\_\_\_\_

ARE YOU EXPERIENCING TENSION, STIFFNESS, DISCOMFORT OR PAIN? YES NO

IF YES, PLEASE DESCRIBE: \_\_\_\_\_

HAVE YOU RECENTLY HAD AN INJURY, SURGERY, OR AREAS OF INFLAMMATION? YES NO

IF YES, PLEASE DESCRIBE: \_\_\_\_\_

DO YOU HAVE SENSITIVE SKIN? YES NO

LIST ANY ALLERGIES: \_\_\_\_\_

LIST ANY MEDICATIONS AND NUTRITIONAL SUPPLEMENTS: \_\_\_\_\_

Please check all that apply to you past and present. Add any additional comments to clarify a condition.

## HEALTH HISTORY

### Musculoskeletal

- Headaches/Migraines
- Bone or joint disease
- Muscle spasms/cramps
- Back pain/Low, Mid, Upper
- Shoulder/neck/arm/hand
- Leg/foot
- Jaw pain
- Tendonitis/tendonosis/bursitis
- Arthritis/RA/gout
- Osteoporosis/Scoliosis
- Lupus
- Carpal Tunnel Syndrome

### Respiratory

- Asthma/Difficulty Breathing
- Emphysema

Allergies/Sinus Problems

### Circulatory

- Varicose Veins/Phlebitis
- Blood clots/DVT/Embolism
- Heart conditions
- Blood Pressure: High/Low
- Swelling

### Nervous System

- Shingles
- Numbness/tingling
- Chronic Pain
- Multiple Sclerosis
- Paralysis
- Parkinson's disease
- Epilepsy
- Fibromyalgia

### Skin

- Rashes
  - Funguses/athletes foot
  - Herpes/cold sores
- ### Digestive
- Diarrhea
  - Crohn's/Colitis
  - Bladder/Kidney Ailment
  - Ulcers
  - Constipation/IBS
  - Diabetes

### Psychological

- Sleep disorder
- Depression
- Anxiety/Stress Syndrome

### Reproductive

- Hysterectomy
- Prostate

Ovarian/Menstrual Problems

### Other

- Wear contacts
  - Hearing impaired
  - Drug/Alcohol/Tobacco Use
  - Cancer/Tumors
- Types: \_\_\_\_\_

Please List Any Conditions not Addressed Previously:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CLIENT AGREEMENT

It is my choice to receive massage therapy. I am aware of the benefits and risks of massage and give my consent for massage. I understand that there is no implied or stated guarantee of success or effectiveness of individual techniques or series of appointments. I understand that massage therapy/bodywork I receive is for the purpose of stress reduction and the relief from muscular tension, spasm or pain and to increase circulation. If I experience any pain or discomfort, I will immediately inform my therapist so that the pressure and/or methods can be adjusted to my comfort level. I understand that my massage therapist does not diagnose illness or disease, nor perform any joint manipulations, and does not prescribe any medications/treatments. I acknowledge that massage therapy is not a substitute for medical care, medical examination or diagnosis and that I should see a health care provider for these services. I have stated all medical conditions that I am aware of and will inform my therapist of any changes in my health status. If I am unable to attend my scheduled appointment, I will respect and abide by the set cancelation policies. Sexual advances, request for sexual favors, and other verbal or physical conduct of a sexual nature will constitute as sexual harassment and will not be tolerated. I understand that I am receiving massage therapy at my own risk. In the event that I become injured either directly or indirectly as a result, in whole or in part, of the aforesaid massage therapy I hereby hold harmless and indemnify the therapist, their principals, and agents from all claims and liability whatsoever.

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CLIENT SIGNATURE

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DATE