



CONFIDENTIAL CLIENT INFORMATION FORM

Name: _____ Phone Number: _____

Address: _____ City, State, Zip: _____

Birthday: _____ Occupation: _____ E-mail: _____

Check the box to NOT be signed up for The Metta Center’s monthly e-newsletter

Who can we thank for referring you? (Specify friend, website or other source) _____

MEDICAL BACKGROUND

What stress reduction/exercise activities do you engage in? _____

Do you have any of the following?

- Arthritis Asthma Blood Clots Bursitis Cancer Cold/Flu Symptoms Diabetes Fibromyalgia
- Headaches Heart Conditions High Blood Pressure Infections Neck/Back/Spine Condition Osteoporosis
- Current Pregnancy-Due date: _____ Skin Disorders Surgeries (please list below) TMJ Syndrome
- Ulcers Varicose Veins

Comments/Other Conditions not listed: _____

List any and all past accidents & surgeries: _____

List any medications/supplements that you are taking: _____

MASSAGE BACKGROUND

Have you ever received a professional massage? _____ If yes, what type: _____

Are you allergic/sensitive or dislike any oils or creams? _____ If yes, what type: _____

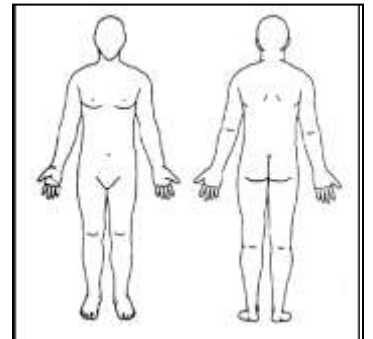
**Mark areas of pain with an X
Mark where you had surgery with an O**

List specific areas of the body for Pain Relief work: _____

Depth of pressure preferred (circle): Light Medium Strong Extra Strong

*Therapeutic Massage may include work on the scalp, face, feet, and glutes.
(Abdominal and/or Breast Massage is only performed on request)

List any areas of the body that you would prefer not to be worked on: _____



Please read & initial in the following paragraph:

I understand that therapeutic massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment. _____ (Initial) Because therapeutic massage/bodywork should not be performed under certain circumstances, I affirm that I have stated all medical conditions of which I am aware and will inform my practitioner of any changes in my medical status. If I am unable to make a scheduled appointment, I agree to cancel before 4:00 PM the day before the scheduled appointment. If I do not cancel before 4:00 PM the day before, I agree to the cancellation policy and subsequent fee. _____ (Initial)

Signature: _____ Date: _____

Office Use Only: Vagaro: General Info Vagaro: Health History Added to Mailchimp Referral email sent Scanned to computer