

Massage Craft

Name _____ Date ____/____/____

Address _____ City _____ State _____ Zip _____

Primary Ph (____) ____-____ Alternative Ph (____) ____-____ Emergency Ph (____) ____-____

Are you interested in receiving Text Reminders, 24 hrs before your scheduled appointments? Yes No

DOB ____/____/____ Sex: M F Email Address _____

When was your last massage? _____ What did you like or dislike about it? _____

How did you hear about Massage Craft? _____ What do you hope to gain from today's session? _____

Sometimes I use essential oils for ambience. Are there any scents you love? _____ Hate? _____

Occupation _____ How would you describe your stress level? NON-EXISTENT MILD MODERATE EXTREME

How much water do you average per day? _____ How many hours/week do you work on a computer? _____

Are you pregnant? YES NO N/A How many weeks? _____ Is this your first pregnancy? YES NO

Please list any complications you've experienced with this or previous pregnancies:

Please list all **surgeries** or significant **injuries** you've had, including the year:

Are you in pain today? YES NO If so, where? _____

If 10 is the worst pain you've experienced, how bad is your pain today? 1 2 3 4 5 6 7 8 9 10

Does your pain interfere with daily activities or sleep? YES NO Would you like to address this today? YES NO

Please indicate all health conditions you've experienced by circling whether it was in the past or is current, and explain further, where necessary.

Allergies Describe: _____	PAST	CURRENT	Leg/Foot Cramps	PAST	CURRENT
Arthritis Describe: _____	PAST	CURRENT	Lordosis	PAST	CURRENT
Asthma Describe: _____	PAST	CURRENT	Migraines	PAST	CURRENT
Autoimmune Disease: _____	PAST	CURRENT	Medical Port	PAST	CURRENT
Bulging/Herniated Discs: _____	PAST	CURRENT	Multiple Sclerosis	PAST	CURRENT
Bursitis Location: _____	PAST	CURRENT	Nausea	PAST	CURRENT
Cancer Identify: _____	PAST	CURRENT	Numbness/Tingling	PAST	CURRENT
Colitis	PAST	CURRENT	Osteoporosis	PAST	CURRENT
Deep Vein Thrombosis (DVT)	PAST	CURRENT	Pacemaker	PAST	CURRENT
Diabetes Type I Type II	PAST	CURRENT	Sciatica	PAST	CURRENT
Diverticulitis(osis)	PAST	CURRENT	Scoliosis	PAST	CURRENT
Fibromyalgia	PAST	CURRENT	Seizures/Convulsions	PAST	CURRENT
Grind/Clench Teeth	PAST	CURRENT	Skin Condition: _____	PAST	CURRENT
Headaches How often? _____	PAST	CURRENT	Stroke	PAST	CURRENT
Heart Condition: _____	PAST	CURRENT	TMJ Disorder	PAST	CURRENT
Hepatitis C	PAST	CURRENT	Varicose Veins	PAST	CURRENT
High Blood Pressure Medication? Y N	PAST	CURRENT	Vertigo	PAST	CURRENT
HIV/AIDS	PAST	CURRENT	Whiplash	PAST	CURRENT
Kyphosis	PAST	CURRENT	Other: _____	PAST	CURRENT

Do you have any of the following today?

COLD/FLU FEVER HEADACHE OPEN CUTS/BRUISES INFLAMMATION POISON IVY SUNBURN
 SKIN CONDITION (Location) _____ WART (Location) _____

AUTHENTICITY ACKNOWLEDGMENT

I attest that all of the information above is accurate to the best of my knowledge. I understand that massage is not indicated for all people, depending on one's state of health. Furthermore, I understand that it is my responsibility to let my massage therapist know if there are any changes in my health while receive massage therapy services.

Initial

LIABILITY RELEASE

- Should I become uncomfortable for any reason while receiving a massage, I understand that I may ask the therapist to terminate the session.
- I understand this is not a sexual massage. I further understand that inappropriate or suggestive remarks and/or advances will result in the immediate termination of the session, and I will be prohibited from returning.
- I understand that the massage therapist shall not engage in breast massage.
- I understand all private areas will be completely covered at all times during the massage.
- Massage Craft does not bill insurance, nor do we file insurance paperwork on a client's behalf.
- Massage Craft will happily complete the required information for the City of Fort Collins reimbursement forms (provided by the client). It is the client's responsibility to return this form to the appropriate party.

Initial

CANCELLATION POLICY

If you must cancel, kindly provide a minimum of 24 hours notice to reschedule or cancel your appointment (48 hours for 2-hour appointments). If you cancel/reschedule within this time frame, you will be charged 50% of the cost of the service cancelled. If you don't cancel and don't show up, you will be charged 100% of the cost of service.

Initial

I have read, understand, and will comply with the Liability and Cancellation Policies as stated above.

Signature

Printed Name

Date