

Client Profile

Name	<input type="text"/>	Birth Date	<input type="text"/>
Cell Phone	<input type="text"/>	Home Phone	<input type="text"/>
Email Address	<input type="text"/>	Occupation	<input type="text"/>
Mailing Address	<input type="text"/>		
City, State, ZIP	<input type="text"/>		
Emergency Contact	<input type="text"/>	Contact Phone	<input type="text"/>
Referred By	<input type="text"/>		
Hobbies / Activities	<input type="text"/>		

Medical Conditions (please select all that apply)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Bruise Easily | <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Circulatory Problems | <input type="checkbox"/> Recent Injury | <input type="checkbox"/> Muscle Spasms |
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> Seizures | <input type="checkbox"/> Recent Infection | <input type="checkbox"/> Numbness |
| <input type="checkbox"/> Neck Pain | <input type="checkbox"/> Headaches | <input type="checkbox"/> Skin Disorders | <input type="checkbox"/> Jaw Pain |
| <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Stabbing Pain | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> Varicose Veins | <input type="checkbox"/> Swollen or Painful Joints |

Other (please explain)

Acceptance of Office Policies: I understand that it is my responsibility to inform Halle Nero, Licensed Massage Therapist (LMT) of any changes in my health status prior to subsequent treatments.

I further understand that the massage I receive is not intended to treat any disorder of the human body, and that the massage/bodywork I receive is provided for the sole purpose of relaxation and relief of muscle tension. If I experience any pain or discomfort during the session I will notify my LMT immediately so the pressure may be adjusted to my comfort level.

I understand that the massage/bodywork should not be construed as a substitute for medical examination or diagnosis. I also understand that my LMT is not qualified to perform spinal or skeletal adjustments, diagnose, or treat any physical illness.

Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all known medical conditions and have answered all questions honestly. I agree to keep my LMT updated as to any changes in my medical profile.

Client Signature

Date