WELCOME TO ALBANY MASSAGE

Name:____ **Date of Birth:**_______________________

Address:____________________________________**Apt #:**_________ **Mobile Phone:**______________________

City:____________________________**State:**_______**Zip:**__________ **Home Phone:**_______________________

E-Mail:____ **Work Phone:**_______________________

Occupation:________________________________ **Referred by:**_______________________________________

In case of emergency:____**Phone:**_________________________

GENERAL AND MEDICAL INFORMATION:

- ❑Yes ❑No Have you ever had professional massage?
- ❑Yes ❑No Are you pregnant? Due date:_____________
- ❑Yes ❑No Do you have high blood pressure?
- ❑Yes ❑No If yes to the previous question, are you taking medication for this?
- ❑Yes ❑No Are you diabetic?
- ❑Yes ❑No Do you suffer from seizure disorders or epilepsy?
- ❑Yes ❑No Do you have cardiac or circulatory problems?
- ❑Yes ❑No Have you ever been diagnosed with cancer?
- ❑Yes ❑No Do you have arthritis or other joint pain?
- ❑Yes ❑No Do you have varicose veins?
- ❑Yes ❑No Do you have any contagious skin problems? (athlete's foot, warts)
- ❑Yes ❑No Have you had any recent injuries?
- ❑Yes ❑No Have you ever had surgery? If yes, please explain in the comments area of this form.
- ❑Yes ❑No Have you experienced recent psychological or emotional trauma?
- ❑Yes ❑No Do you suffer frequently from stress?
- ❑Yes ❑No Do you experience frequent headaches?
- ❑Yes ❑No Do you suffer from back pain?
- ❑Yes ❑No Do you have tension or soreness in a specific area?
- ❑Yes ❑No Do you have numbness or stabbing pains anywhere?
- ❑Yes ❑No Are you very sensitive to touch / pressure in any area?
- ❑Yes ❑No Do you have any other medical condition that I should be aware of?

Please list all medications you are taking:____

What is your purpose for today's massage? ____

Sports / Activities:____

Comments / Allergies:____

PLEASE TAKE A MOMENT TO CAREFULLY READ THE FOLLOWING INFORMATION AND SIGN WHERE INDICATED:

(If you have a specific medical condition or specific symptoms, massage therapy may be contraindicated. A referral from your primary care provider may be required prior to service being provided.) I understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during the session, I immediately inform the therapist so that the pressure and / or strokes may be adjusted to my level of comfort. I further understand that massage therapy should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should consult a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage therapy should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapists part should I neglect to do so. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

Client Signature:____**Date:**___________________________

INFORMATION AND SUGGESTIONS FOR THE CLIENT:

~ Prior to your massage, please remove all jewelry and pull long hair back with a clip or hair tie.

~ As a general rule, massage is given while you are unclothed. We provide a top sheet and blanket. Modesty and comfort levels vary from person to person. You may choose to wear undergarments or gym shorts or nothing at all. This is YOUR massage and you should feel as comfortable as possible.

~ During your massage, you may want to give your therapist feedback regarding pressure (deeper or lighter) or point out painful or ticklish areas of your body.

~ Feel free to ask your therapist any questions during your massage. Your therapist is a highly trained professional and will be happy to make you feel well informed and comfortable.