

Client Information

Name: _____ Date: _____ Date of Birth: _____
 Address: _____ City, State, Zip: _____
 Phone: _____ Cell: _____ Email: _____
 Occupation: _____ Employer: _____
 Emergency Contact: _____ Phone: _____
 Referred by: _____
 Physician's Name: _____ Phone: _____

What are your goals for this session? _____

Please List: Medications you are taking _____

Injuries, Accidents, Surgeries (with dates) _____

Skin Problems _____

Allergies _____

Contagious Diseases _____

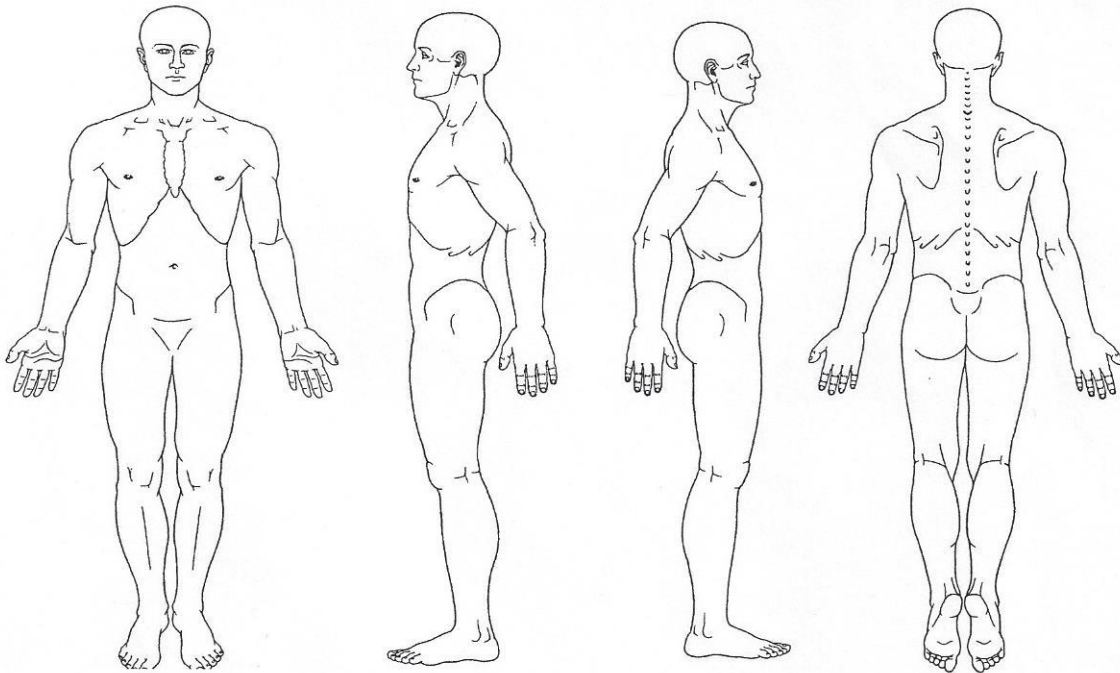
Do you have any of the following:

Varicose veins or blood clots	Yes	No
Blood pressure problems	Yes	No
Heart problems	Yes	No
Arthritis	Yes	No
Broken bones	Yes	No
Headaches	Yes	No
Are you pregnant	Yes	No
Do you use alcohol or drugs	Yes	No

Do you have, or have you had any of the following:

Acute Intracranial Hemorrhage	Yes	No
Intracranial Aneurism	Yes	No
Skull Fracture	Yes	No
Date: _____		
Stroke	Yes	No
Date: _____		
Herniation of the Medulla Oblongata through the Foramen Magnum	Yes	No

Please indicate the areas of your body that need special care today:



Liability Release:

I consent to receive therapeutic massage and bodywork from the licensed massage therapist at Sephora's Massage & Bodywork and understand that massage and/or cranial sacral therapy should not be construed as a substitute for medical examination, diagnosis, or treatment. I understand that massage therapists and/or cranial sacral 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 and cranial sacral 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 massage therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail or forget to do so.

I understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session including full fee for the appointment.

I agree to the 24-hour cancellation policy and understand that failure to cancel an appointment within a 24-hour notice will result in full fee for service.

I understand that the Certified Massage Therapist/Cranial Sacral Therapist reserves the right to refuse to perform bodywork on anyone whom he/she deems to have a condition for which bodywork is contraindicated.

Signature (Legal Guardian)

Date