

Name: _____

Date: _____

Thai Massage Health History Questionnaire

Mobile _____ Work _____ Home _____

Email _____ Birthday _____

Address _____

Emergency Contact _____

Name	Relationship	number
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Occupation _____ How did you find me? _____

When was your last massage? _____ Where? _____

Are you presently taking any medication? _____ Yes _____ No

Please Explain: _____

Have you had a recent major surgical procedure or injury? _____ Yes _____ No

Please Explain: _____

Are you currently seeing a Chiropractor, Physical Therapist, or Physician for an ongoing issue?

_____ Yes _____ No Please Explain: _____

Please circle your stress level: Low 1 2 3 4 5 High

What do you hope to have addressed by visiting a Thai Massage practitioner?

Circle the following conditions that apply to you, past and present. Please add your comments to clarify the condition.

<u>Musculo-Skeletal</u>	<u>Digestive</u>	<u>Skin</u>
Headaches	Indigestion	Rashes
Joint stiffness/swelling	Constipation	Allergies
Spasms/cramps	Intestinal gas/bloating	Athlete's foot
Broken/Fractured bones	Diarrhea	Acne
Strains/Sprains	Irritable bowel syndrome	Impetigo
Back, hip pain	Crohn's Disease	Hemophilia
Shoulder, neck, arm, hand pain	Colitis	<u>Other</u>
Leg, foot pain	Other: _____	
Chest, ribs, abdominal pain		
Problems walking	<u>Nervous System</u>	Loss of Appetite
Jaw pain/TMJ		Depression
Tendonitis		Difficulty concentrating
Bursitis	Numbness/tingling	Hearing Impaired
Arthritis	Fatigue	Visually Impaired
Osteoporosis	Sleep disorders	Diabetes
Scoliosis	Ulcers	Fibromyalgia
Other: _____	Paralysis	Post/Polio Syndrome
<u>Circulator/Respiratory</u> High blood pressure	Herpes/shingles	Cancer
	Cerebral Palsy	Tuberculosis
Low blood pressure	Epilepsy	Other: _____
Dizziness	Chronic Fatigue Syndrome	
Shortness of breath	Multiple Sclerosis	
Fainting	Muscular Dystrophy	
Cold feet or hands	Parkinson's Disease	
Cold sweats	Other: _____	
Stroke	<u>Reproductive System</u>	
Heart condition		
Allergies		
Asthma	Pregnancy	
Other: _____	mo.	

I understand that a massage Therapist does not diagnose disease, illness, or prescribe any treatment or drugs, nor do they provide spinal manipulation. I understand that draping will be used at all times (if applicable) and that breast massage will not be administered on female clients. I understand that if I become uncomfortable for any reason that I may ask the Therapist to end the massage session, and they will end the session. I understand that the massage Therapist may end the session for any inappropriate behavior. I have stated all of the conditions that I am aware of, and this information is true and accurate. I will inform the therapist of any changes in my status.

Client's signature _____

Consent for Therapy and Waiver of Liability

The undersigned ("Client") hereby freely consents to receipt of massage services from:
Reinhold Lmt.

Client agrees as follows:

Client understands and agrees that they will provide the Therapist with complete and accurate health information, and a written referral from Client's primary healthcare provider if Client is currently receiving care or has a specific medical condition or symptoms for which Client takes medication or receives periodic evaluations or treatment. Client understands that massage therapy is designed to be an ancillary health aid and is not suitable for primary medical treatment for any condition.

1. Client and Therapist will discuss the potential benefits and possible side effects of massage therapy and agree upon a course of focused attention and manual therapy for the predetermined goals of stress reduction, relief of muscular discomfort, and/or promotion of general health. Client has been given an opportunity to ask questions of the Therapist and has received all requested information.
2. Client understands that the unclothed body will be draped at all times for warmth, sense of security, and as a mark of massage therapy professionalism. Client agrees to immediately inform the Therapist of any unusual sensation or discomfort so that the application of pressure may be adjusted to Client's level of comfort. Client understands that massage therapy is not sexual in any manner and that any illicit or suggestive remarks or behavior on the client's part will result in an immediate termination of the therapy session. Client understands that if the session is terminated for such reason, payment will be expected in full; regardless if the massage is completed or not.
3. Client hereby assumes full responsibility for receipt of the massage therapy, and releases and discharges Therapist from any and all claims, liabilities, damages, actions, or causes of action arising from the therapy received hereunder, including, without limitation, any damages arising from acts of active or passive negligence on the part of the Therapist, to the fullest extent allowed by law.
4. Client, in signing this consent for Therapy and Waiver of Liability ("Consent"), understands and agrees that this Consent will apply to and govern the current and all future therapy sessions performed by Therapist

Client Signature

Client Printed Name

Date

Massage Therapist Signature

Massage Therapist Printed Name

Date

