

## Confidential Client Health Survey

Date:

Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

Email (if applicable for quarterly offerings/deals/discounts): \_\_\_\_\_

Emergency Contact Name & Phone Number: \_\_\_\_\_

Prior experience with massage (frequency, type): \_\_\_\_\_

**Circle and briefly describe** any issues in the following areas (past\* or present)

Head	Arms	Ankles	Heart	Lymphatic System
Neck	Hands/Fingers	Feet/Toes	Bladder	Nervous System
Shoulders	Abdomen	Lungs	Kidney	Reproductive System
Chest	Hips/ Glutes	Lg Intestine	Liver	Circulatory System
Upper Back	Upper Legs	Sm Intestine	Gall Bladder	Immune System
Mid Back	Lower Legs	Stomach	Pancreas	Glands/Hormones
Lower Back	Knees	Spleen	Other:	

**Circle and briefly describe** any conditions that apply to you (past\* or present)

Pregnant	Diabetic	Joint Issues	Osteoporosis	Cancer		
Blood Pressure	Inflammation	Bruises	Edema	Smoker		
Surgery	Allergies	Lesions	Menopause	Asthma		
Seizures	Medication	Varicose Veins	Insomnia	Fatigue		
Contagious Illness	Injuries	Musculoskeletal Concerns	Other: _____			
Worry	Fear	Stress	Anger	Grief	Anxiety	Depression

Have you been diagnosed with any health condition physical or otherwise?

Are you currently under the care of a health practitioner? yes / no For a specific condition?

Are you currently contagious with any condition that might impact a massage session?

Is there anything else your therapist may need to know regarding your health?

Briefly state your intention or purpose for this session:

## Release of Liability

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By signing below, I indicate that I have read and agree to the following conditions:

I understand that the massage and body work therapy session to be administered by Rachel Mathews is for the purpose of stress reduction, relief of muscular tension, increasing circulation, and promoting a feeling of general relaxation. I give Rachel Mathews full permission to facilitate an interview, massage and body work and/or energy work treatment, and post treatment protocols.

I understand that Rachel Mathews does not diagnose illness, disease, physical or mental disorders, nor does she prescribe medical treatment or pharmaceuticals, nor does she perform spinal adjustments or in any way attempt to perform the function of a medical doctor. I agree to inform Rachel Mathews of the status of my health by accurately filling out the Client Health Survey and will continue to keep her updated on my current level of health and wellbeing.

I agree that there shall be no liability and to hold harmless Rachel Mathews, her relatives, and her heirs for any condition which may result from receiving massage or from arriving, occupying, and leaving the building, surroundings, and premises wherein the massage takes place.

**I understand that any illicit or sexually suggestive remarks or advances made by me will result in the immediate termination of the session without a refund.**

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Parent/Guardian signature is required for clients under the age of 18

Parent/Guardian Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_