

## ESSENTIAL MIND & BODY

415 East Michigan St., Orlando, FL 32806 (407) 423-1616 ♦ fax (407) 423-1889 ♦ www.EssentialMB.com

Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work phone (\_\_\_\_)\_\_\_\_-\_\_\_\_

Email address: \_\_\_\_\_ (note: Your email may be used to remind you of future appointments, occasional office announcements or promotions. It will NOT be shared with any 3<sup>rd</sup> parties)

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Whom may we thank for referring you to our office?** \_\_\_\_\_

Have you ever had a professional massage before? \_\_\_\_\_

If so, what type of massage? \_\_\_\_\_ How often? \_\_\_\_\_

Medical Condition	YES	NO
Have you had any auto accidents and/or injuries in the past year?		
Any recent surgeries, bone fractures, or implants?		
Are you pregnant or trying to become pregnant?		
Do you have allergies (including nuts, creams, oils, etc.)?		
Do you suffer from asthma?		
Do you have seizures?		
Do you have arthritis?		
Do you have varicose veins?		
Are you diabetic?		
Are you HIV positive?		
Do you have uncontrolled high or low blood pressure?		
Have you been under a physician's care within the last year?		
Are you taking medications?		

**IF YOU ANSWERED YES TO ANY ONE OF THESE QUESTIONS, PLEASE EXPLAIN HERE:**

What are you looking to receive from your massage?

Relaxation       Deep Tissue       Reduce pain       Other \_\_\_\_\_

Where is your pain / discomfort / muscular tension located? \_\_\_\_\_

### Massage Therapy Acknowledgement/Consent

It is my choice to receive massage therapy. I understand that the practice of massage therapy is performed for the well being of the mind and body. This includes the reduction of stress and to assist relaxation, relief from muscular tension, spasms or pain, or for increasing circulation or energy flow. I understand that the massage therapist does not diagnose illnesses, disease, or any other physical disorder. As such, the massage therapist does not perform or prescribe medical treatment. Massage therapy is not a substitute for medical examination or treatment. Because a massage therapist must be aware of existing physical conditions, **I have stated all my known medical conditions and take it upon myself to keep the massage therapist updated on my health status.**

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_