

# GETTING TO KNOW YOU



<i>Your Full Name</i>	<i>Today's Date</i>
<i>Address</i>	<i>Cell #</i>
<i>Email</i>	<i>Date of Birth</i>

## IMPORTANT INFO

<i>Your Occupation &amp; Employer</i>	
<i>Your Primary Physician &amp; Their Phone Number</i>	
<i>Your Emergency Contact &amp; Their Phone Number</i>	

## YOUR HEALTH

<i>Your Current Medications</i>	
<i>Are You Currently Pregnant? If so, how far along?</i>	
<i>Are there any high-risk pregnancy factors?</i>	

*Do you suffer from chronic pain?*

*If so, where, and what makes it better/worse?*

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*Please rate your pain on a scale of 1-10 with 1 being no pain and 10 being intense pain.*

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*Have you had any orthopedic injuries?*

*If so, please tell me about them.*

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*Please circle and explain any of these that apply to you:*

- *Arthritis*
- *Diabetes*
- *Joint Replacement*
- *High Blood Pressure*
- *Low Blood Pressure*
- *Fibromyalgia*
- *Cancer*
- *Neuropathy*
- *Stroke*
- *Kidney Dysfunction*
- *Numbness*
- *Headaches/Migraines*
- *Heart Attack*
- *Blood Clots*
- *Sprains/Strains*

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*Have you had or do you currently have Covid 19?*

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*Have you ever had a professional massage prior to today?*

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*What level of pressure do you prefer?*

- *Light*
  - *Moderate*
  - *Deep*
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*Do you have any allergies or sensitivities?*

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*Are there any areas (feet, hands, face, abdomen, etc.) you DO NOT want massaged?*

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*What are your goals for this session today?*

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## SIGNATURE

By signing here, you agree to the following.

- I give my permission to receive massage therapy.
- I understand that therapeutic massage is not a substitute for traditional medical treatment or medications.
- I understand that the massage therapist does not diagnose illnesses or injuries or prescribe medications.
- I have clearance from my physician to receive massage therapy.
- I understand the wrist associated with massage therapy include, but are not limited to:
  - superficial bruising
  - short term muscle soreness
  - the exasperation of undiscovered injury

I therefore release the company, Massage Remedy of Roswell, Anet Post, MT002569 from all liability concerning these entries that may occur during the massage session.

- I understand the importance of informing my massage therapist of all medical conditions and medications I am taking and letting the massage therapist know about any changes to these. I understand that there may be additional risks based on my physical condition.
- I understand that it is my responsibility to inform my massage therapist of any discomfort I may feel during the massage session, so that she may adjust.
- I understand that I or the massage therapist may terminate my session at any time for any reason.
- I have been given a chance to ask questions about the massage therapy session and my questions have been answered to my satisfaction.
- I give complete permission to have a therapeutic massage today.

I have completed this form to the best of my ability and acknowledge and agree to inform my therapist if any of the above information changes at any time.

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative or Parent: \_\_\_\_\_