

Avalon Massage Client Information

Contact Information

Name: _____

Today's Date: _____

Address: _____

Birth Date: _____

City/ST/Zip: _____

Day Phone: _____

Occupation: _____

Eve Phone: _____

Email: _____

Cell Phone: _____

Emergency Contact and Phone: _____

Health History

Are you currently under the care of a medical practitioner? Please outline.

Are you currently seeing a psychotherapist or attending regular support groups? Please outline.

Please list exercise and/or stress relieving activities, including frequency:

Please list any medical conditions, including chronic/contagious concerns, and the corresponding medications:

Please list any surgeries, including year and result:

Please list any accidents/injuries, including year and outcome:

Massage Specific Overview

Have you ever received a professional massage? _____ If yes, date of last massage: _____

What results do you expect from your massage session(s)?

In what areas do you tend to hold stress, strain or pain in your body:

Are there any areas you experience as sensitive or ticklish?

Was there anything about a previous massage you particularly enjoyed?

Was there anything about a previous massage you particularly didn't care for?

Please take a moment to consider if you have any questions for me that we can discuss prior to your session.

It is my choice to receive massage therapy from Avalon Massage. I realize that treatment is being given for the benefit of my mind, body and spirit to include stress reduction, relief from muscular tension, and/or increasing circulation and energy flow. I agree to communicate with my practitioner Laurel, as to my comfort level and well being during the session. **In addition, I understand and will comply with Avalon Massage's policies concerning missed or cancelled appointments, payment procedures and personal conduct.**

I understand that massage practitioners do not diagnose illness or disease, prescribe medical treatments, or perform spinal manipulations (chiropractics) and will work within the AMTA Massage Therapy scope of practice. I acknowledge that massage is a compliment to, but not a substitute for, medical treatment, and if treatment is needed I will seek it through proper channels.

I have stated all medical/other conditions that I am aware of and will update Avalon Massage if changes occur. In turn, I understand that Avalon Massage will keep all massage and/or medical information confidential unless I authorize release of this information via written form.

Signature: _____ Date: _____