

Cary Massage

Please Print Clearly

Name: _____
First Middle Initial Last

Address: _____
Street

City State Zip

Date of Birth: ___ / ___ / _____ Gender: M / F Marital Status: M / S

Email: _____ I would like to sign up for the Cary Massage newsletter to receive informative massage education and discounts on services. Please circle Yes or No

Telephone: (____) _____ - _____ (____) _____ - _____ (____) _____ - _____
Home Mobile Work

Height: _____ Weight: _____ Occupation: _____

Today's Date: ___ / ___ / _____ Referred by: _____

Health History

Primary Physician: _____
Name Title / Type

Currently under doctors care?	Y / N	Type: _____
Taking any medications?	Y / N	Types: _____
Currently pregnant?	Y / N	Number of months _____
Hospitalized or surgery?	Y / N	Date: ___ / ___ / _____
Injured or in an accident?	Y / N	Date: ___ / ___ / _____
Received massage before?	Y / N	Date: ___ / ___ / _____
Do you exercise?	Y / N	How often? _____ Type: _____

Do you suffer from the following?

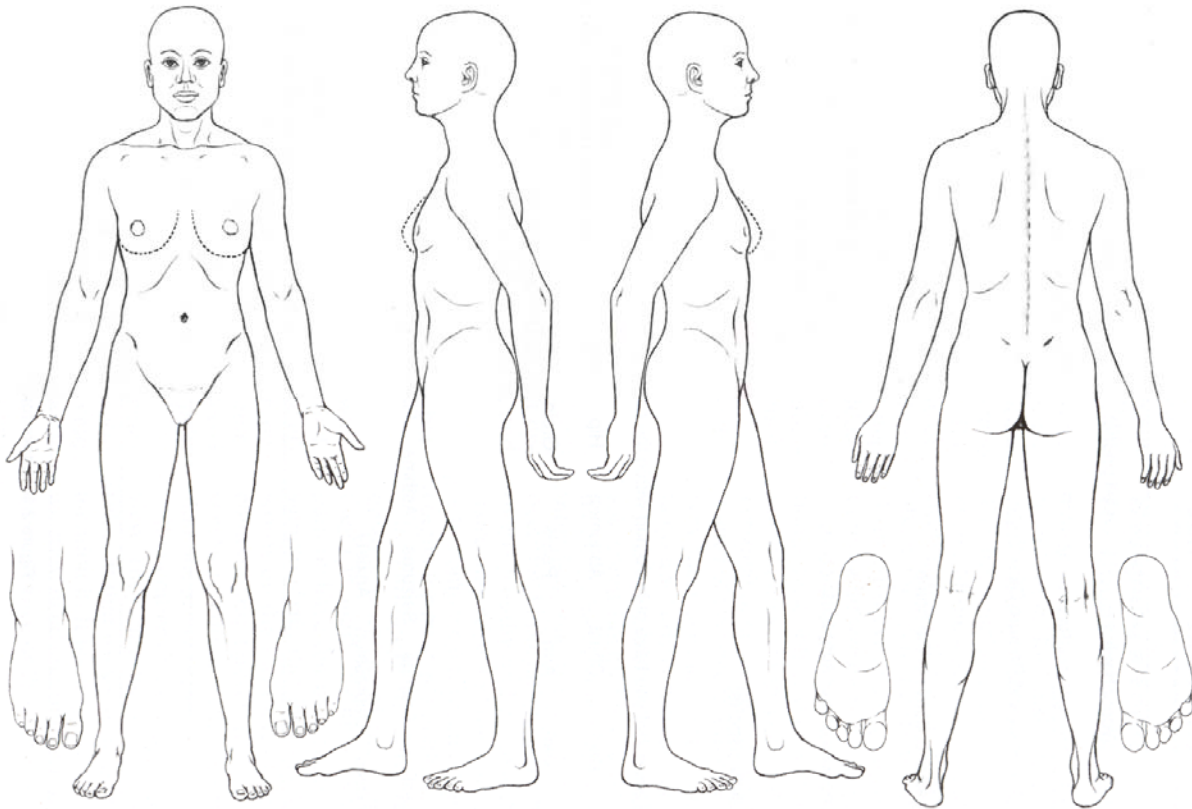
Stress	Y / N	Contagious diseases	Y / N
Diabetes	Y / N	Osteoporosis	Y / N
Frequent headaches	Y / N	Allergies	Y / N
Arthritis	Y / N	Bruise easily	Y / N
High blood pressure	Y / N	Broken bones in the past 2 years	Y / N
Epilepsy or seizures	Y / N	Cardiac or circulatory problems	Y / N
Joint swelling	Y / N	Numbness or stabbing pain	Y / N
Varicose veins	Y / N	Sensitivity to touch or pressure	Y / N

Please explain any YES answers completely: _____

Please detail any other medical condition(s) including date of diagnose, treatment and medication taken:

Continued on reverse side

Please indicate areas of muscle / joint pain, stiffness or discomfort.



I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioners so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis or treatment and that I should see a physician, chiropractor or other qualified medical specialist of any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the practitioners updated as to any changes in my medical profile and understand that there shall be no liability on the practitioners part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in the immediate termination of the session, and I will be liable for payment of the scheduled appointment. I also understand that should the need arise for me to cancel my appointment it will be done 24 hours in advance or I will be liable for payment of the scheduled appointment.

Signature: _____

Date: _____

Parent or guardian signature (if under 18): _____