

Cathy Dummerth, CMT
Client Information Form

Name _____ Home# _____ Work# _____
Address _____ Phone _____
Occupation _____
Birth Date _____
Referred by _____

Primary Reason for Appointment _____

Areas of Complaint, Pain, or Tension _____

Please answer the following questions by circling the appropriate answer:

	Yes	No	Explanations
Have you had a professional massage before?			_____
Do you wear contact lenses or dentures?			_____
Do you have any skin problems or allergies?			_____
Have you suffered an acute injury recently?			_____
Do you have varicose veins or blood clots?			_____
Do you have arthritis?			_____
Do you have any heart problems?			_____
Do you have any spinal problems?			_____
Do you exercise or participate in any sports?			_____
Are you presently under any emotional strain?			_____
Do you have blood pressure problems?			_____
Do you have any other type of condition that your massage therapist should be aware of?			_____
Are you on any medications?			_____
Are you experiencing more stress than usual?			_____

I understand that massage therapy given here is for the purpose of stress reduction, relief from muscular tension or spasm, or for increasing circulation and energy flow.

I understand that the massage therapist does not diagnose illness, disease, or any other physical or mental disorder. As such, the massage therapist does not prescribe medical treatment or pharmaceuticals, not do they perform any spinal manipulations. It has been made clear to me that this massage therapy is not a substitute for medical examinations and/or diagnosis and that it is recommended that I see a physician for any physical ailment that I might have.

With this in mind, I agree to have massage therapy and hold the therapist harmless for any problems that might arise a result of the massage session.

Signature _____ Date _____