

# CONFIDENTIAL CLIENT INFORMATION AND HEALTH HISTORY

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Phone(h): \_\_\_\_\_ (w) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Referred by: \_\_\_\_\_ Marital Status: \_\_\_\_\_

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Is this your first professional massage? \_\_\_\_\_ If no, how frequently do you get a massage? \_\_\_\_\_

What do you hope to accomplish from today's massage? \_\_\_\_\_

Are you aware of any tension holding spots in your body? \_\_\_\_\_ If yes, location(s) \_\_\_\_\_

Describe any surgeries, hospitalizations, accidents or injuries you have had:

Less than 5 years ago: \_\_\_\_\_

More than 5 years ago: \_\_\_\_\_

What kind of care did you receive for your accidents or injuries? \_\_\_\_\_

Do you feel that you have recovered from these events? \_\_\_\_\_ Please explain: \_\_\_\_\_

Do you have any chronic, ongoing pain that you deal with on a regular basis? \_\_\_\_\_

Please explain: \_\_\_\_\_

Describe what activities cause this pain and/or make it worse: \_\_\_\_\_

Are you receiving any other type of medical treatment? \_\_\_\_\_ Please explain: \_\_\_\_\_

Please list any medication (vitamins, herbs or pharmaceutical) taken now or at regular intervals (include explanation of what medication is used to treat): \_\_\_\_\_

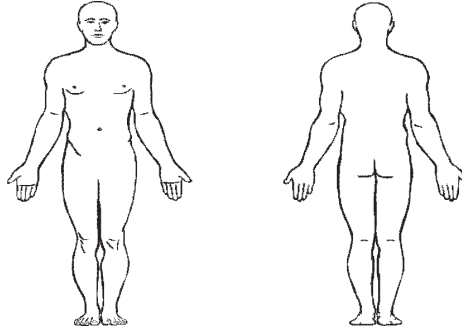
Are you currently under the care of a physician? \_\_\_\_\_ Whom? \_\_\_\_\_

Please list reason(s): \_\_\_\_\_

Are there any other health concerns you wish to discuss today? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

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Please indicate where you experience pain on the drawing below



Are you currently experiencing any of the following conditions?

\_\_\_\_\_ Flu or Cold      \_\_\_\_\_ Inflammation      \_\_\_\_\_ Fever      \_\_\_\_\_ Infection      \_\_\_\_\_ Contagious Disease

Please check any of the following conditions below that currently affect you or that you have experienced in the last 5 years.

**MUSCULOSKELETAL**

- Fibromyalgia
- Spasms/Cramps
- Sprains/Strains
- Osteoporosis
- Postural Deviations
- Gout
- Osteoarthritis/Rheumatoid Arthritis
- TMJ
- Cysts
- Bursitis
- Plantar Fasciitis
- Tendonitis
- Torticollis
- Whiplash Syndrome
- Carpal Tunnel Syndrome
- Sciatica
- Thoracic Outlet Syndrome
- Headache
- Leg Pain
- Arm Pain/Shoulder Pain
- Low Back Pain
- Mid Back Pain
- Hip Pain
- Other \_\_\_\_\_

**RESPIRATORY**

- Pneumonia
- Sinusitis
- Asthma
- Trouble Breathing
- Dizziness
- Other \_\_\_\_\_

**CIRCULATORY**

- Anemia
- Hemophilia
- Hypertension
- Low Blood Pressure
- Raynaud's Disease
- Varicose Veins
- Heart Condition
- Blood Clots/Phlebitis
- Diabetes
- Other \_\_\_\_\_

**DIGESTIVE**

- Ulcers
- Irritable Bowel Syndrome
- Colitis
- Gallstones
- Hepatitis
- Crohn's Disease
- Diarrhea
- Gas/Bloating
- Indigestion
- Other \_\_\_\_\_

**SKIN**

- Fungal Infections
- Acne
- Impetigo
- Dermatitis/Eczema
- Psoriasis
- Open Wound or Sore
- Rashes
- Warts/Moles
- Athletes Foot
- Other \_\_\_\_\_

**NERVOUS SYSTEM**

- ALS
- Multiple Sclerosis
- Parkinson's Disease
- Bell's Palsy
- Neuritis
- Spinal Cord Injury
- Stroke
- Trigeminal Neuralgia
- Seizure Disorders
- Numbness/Tingling/Twitching
- Other \_\_\_\_\_

**OTHER**

- Insomnia
- Anxiety/Panic Attacks
- PMS
- Grief Process
- Cancer
- Substance Abuse
- Pregnancy
- Chronic Fatigue
- HIV/AIDS
- Lupus
- Kidney Disease
- Bladder Infection
- Postoperative Situation
- Edema
- Other \_\_\_\_\_

The above information is accurate and true to the best of my knowledge. I understand that massage therapists do not diagnose disease, prescribe medications or manipulate bones. I further understand that massage therapy is not a substitute for medical attention or examination. I take responsibility for alerting my practitioner to any physical, mental or emotional changes that occur with my health. I also understand that cancelled or missed appointments without 24 hours notice (medical emergencies excluded) may be charged in full for the price of the missed session.

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

## Business Policy

Barbara Loomis, LMT  
503-341-0663

**Appointments:** An appointment is a time set-aside for you and it is a time, which is carefully planned within the context of the week's schedule. My time is very important to me, as I am sure yours is to you. Missed appointments or short notice cancellations are times I could have scheduled someone else, therefore without advanced notice it becomes an income loss for me. Please notify me at least 24 hours in advance to avoid being charged if you have to cancel your appointment. This courtesy enables me to re-arrange my time.

When you make an appointment, I schedule that block of time for your session. In order for me to stay on schedule out of a courtesy for others and yourself I need to stay within that block of time. If you are late for the appointment, I will use the remaining time in the most productive way, and the total fee for the session will be charged to you. My main priority is to help you in the best way that I can, so it is to the benefit of both of us if you can arrive on time. I know sometimes things happen that are out of our control and if I happen to have extra time I am always happy to spend it with you at no additional charge.

Fees: 90 minutes=\$108.15 60 minute sessions= \$77.25

With cash discount total is- 90 minutes=\$105 60 minutes=\$75

The above fees are for payments received on the *same* day of service and without the cash discount. I offer a **3% discount for cash payments on services**. Payments are due on the date of service in the form of cash, check or credit card. Payments made after date of service will be billed at \$28 per 15-minute increment. There is a \$25 check return fee.

Type or Print Name: \_\_\_\_\_

Signature\_\_\_\_\_

Email Address\_\_\_\_\_

I will never share your information with anyone.

**“Like” Nurturance on Facebook to receive updates, tips and announcements of sales.**

Date\_\_\_\_\_