

HEALING TOUCH

ETHICAL THERAPEUTIC MASSAGE

1030 26th St S | Suite B
Birmingham, AL 35205
AL License #187

1016 Summer St | Apt B
Chattanooga, TN 37405
TN License #011460

CONFIDENTIAL CLIENT RECORD

Name _____ Phone _____ Mobile Home Office

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Age _____ Gender _____ Email _____

Occupation _____ Height _____ Weight _____ Referred by _____

Have you ever received massage therapy? Yes No

What results do you want from a massage? _____

Describe your current fitness program _____

List any past injuries, sprains, surgeries, broken bones and any other health issues that may affect your massage _____

How much water do you drink daily? _____

My consumption is:	Heavy	Moderate	Light	None
Salt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sugar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coffee/Tea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I have listed all my known medical conditions and will inform my massage therapist of any changes in my health. I understand that massage therapy is for the purpose of stress reduction, relief from neuromuscular tension and/or for improving circulation. I understand that a massage therapist neither diagnoses illness, prescribes treatment or performs spinal manipulations. I am responsible for consulting a physician for any ailment I have. I understand that massage at Healing Touch Ethical Therapeutic Massage is strictly ethical and therapeutic only and that draping options will be presented to me at the time of my massage.

Signed _____ Date _____