

Touch & Healing Massage Therapy – Jack Loer, LMT NM#5579, HHP
Confidential Client Information and Release Form

(Please print legibly)

Name: _____ Email: _____
Address: _____ City _____ State _____ Zip _____
Phone: Day _____ Evening _____ Birth Date: _____ Sex: M F
Referred By: _____ Occupation: _____
Emergency Contact and Phone: _____ Relationship: _____

General and Medical Information:

Yes No

____ Have you ever had a professional massage/bodywork session? Was your experience a positive one? ____ If not, briefly share your reasons: _____

____ Do you have any recent injuries, bruises, or swelling? _____

____ Do you have any inflamed joints, bursitis, rheumatoid arthritis, osteoporosis, scoliosis? _____

____ Do you have any tumors or undiagnosed lumps? _____

____ Do you experience frequent headaches? How often? _____

____ What type and location? _____

____ Are you pregnant? Yes No How many weeks? _____

____ Are you wearing contact lenses? _____

____ Are you a Diabetic? Yes No Do you take insulin for this? Yes No

____ Are you hypoglycemic? Yes No

____ Do you have high blood pressure? If yes, are you taking medication? _____

____ Have you had any surgery? Explain: _____

____ Are you allergic to any body oils/ creams or scents they contain? Explain: _____

____ Have you had any broken bones in the last two years? _____

____ If you have tension, soreness, or pain in specific area(s), list with approximate date of onset.

____ Are you very sensitive to touch/ pressure in any area? _____

____ Do you have numbness or stabbing pains anywhere? _____

Please rate on a 1 – 10 scale, with 10 as the highest, your current level of:

Stress: ____ Physical Exercise: ____ Mental and Emotional well being: ____ Comfort with your body: ____

What are your expectations/ goals for this session? (i.e. what are your reasons for visiting today)

Have you ever sought counseling for an emotional or mental condition or distress? Yes No

If so, please indicate approximate date: _____

Continued →

Do you have or have you ever experienced any of the conditions below?

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> AIDS/HIV | <input type="checkbox"/> Cardiovascular Problems | <input type="checkbox"/> Kidney Problems | <input type="checkbox"/> Spinal Injury |
| <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> Epilepsy, Other Seizures | <input type="checkbox"/> Sleep Problems | <input type="checkbox"/> TMJ Syndrome |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Fractures | <input type="checkbox"/> Intestinal Problems | <input type="checkbox"/> Circulatory Problems |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Herpes | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Dizziness |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Joint Pain | <input type="checkbox"/> Venereal Infection | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Teeth Grinding | <input type="checkbox"/> Jaw Clicking | <input type="checkbox"/> Neck Injury - Whiplash | <input type="checkbox"/> Varicose Veins |
| <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Skin eruptions | <input type="checkbox"/> Systemic Infection | <input type="checkbox"/> Fever |

Give approximate dates and explain: _____

Are you currently under a Physician's care ? For _____

Please describe any treatments you have been implementing to address your health conditions:
(List specific medications, surgeries, acupuncture, herbal treatments, etc.) Dates

Emotional release is not uncommon during massage therapy. Have you had any recent traumatic mental or emotional experience that I should know about ? Yes No

If yes, please describe and provide approximate date: _____

Lifestyle and Other Information:

- Are there any activities that seem to induce or aggravate symptoms of soreness, pain or sensitivity in your body ? _____
- Do you have difficulty opening your jaw wide ? _____
- How much water do you drink daily ? _____
- What types of exercise do you get and how often ? _____
- How much sleep do you need ? _____ How much sleep do you normally get ? _____
- Do you sleep on your back, side, or front ? _____ Do you sleep with a pillow ? _____
- How much alcohol do you consume ? _____ How much caffeine do you consume? _____
- Do you smoke ? _____
- How many meals do you eat daily and are they well balanced ? _____
- What things in your body/mind are you most satisfied with ? _____

- What things in your body/mind are you most dissatisfied with ? _____

- Primary hobbies, sporting activities, interests ? _____

Continued →

I understand that the massage/ bodywork that I receive is provided for the basic purpose of relaxation, stress reduction, and relief of muscular tension or neuromuscular symptoms. If I experience pain or discomfort during this session, I will immediately tell the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort.

I further understand that massage/ 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 for treatment of any mental or physical ailment that is a concern.

I understand that massage therapist/ body workers are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat physical or mental illness; and that nothing said in the course of the session(s) given should be construed as such. Jack Loer does not claim to be able to diagnose or cure specific illnesses, pathologies, or injuries.

Since massage/ bodywork is contraindicated (should not be done) for a client with certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep Jack Loer updated as to any changes in my medical profile; and understand that there shall be no liability on the practitioner's part should I fail to do so.

By signing this form, I request to receive for myself, or as a parent/guardian of _____, a massage session(s) from Jack Loer. I hereby release Jack Loer from any kind of claim now or in the future. In the event I need to cancel a scheduled massage session, I agree to provide Jack with **24 hours notice** or I will be responsible for payment for that appointment unless Jack waives the fee for an unavoidable event.

Signed: _____ Date: _____

Practitioner: _____ Date: _____