

JRTI's Massage Therapy Program

Client Information

Name _____ Birth date _____

Address _____ Phone _____

_____ E-mail _____

Emergency _____ Relationship _____ Phone _____

Occupation/Hobbies/Activity Level: (Low/Medium/High) _____

Have you ever received professional massage therapy? _____ If so, when was the last time? _____

What do you like about massage? _____

What are your goals for this session? _____

Any areas of your body that you **do not** want to receive massage? _____

Any areas to receive more focus? _____

What is your general health condition? _____

If you are in physical pain or discomfort today, please describe it. _____

If you have had any serious illnesses, accidents, or surgeries, please describe them. _____

Are you currently under a physician, chiropractor, or other health practitioners care? _____

If so, do we have permission to contact them? _____ Please list the respective health professionals:

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

Current Medications, including aspirin: _____

Please list any known allergies. _____

Please indicate if you have any of the following health conditions:

High blood Pressure	Respiratory infection	Hepatitis	Tuberculosis
Low Blood Pressure	Heart Disease	Warts	Varicose veins
Edema(swelling)	Diabetes	Typhoid	Blood Clots
Herpes/Shingles	Breathing difficulty	Cancer	Infectious disease
Sinus problems	Head aches	Pregnant	Arthritis
Osteoporosis	Epilepsy/Seizure	Bruise	Surgeries last 2 yrs

I do hereby agree to indemnify the Board of Education of Berkeley County, James Rumsey Technical Institute, the instructor, and the student massage therapists, and to save them harmless from any and all harm inflicted while performing or arising from the massage modality applied. This is a student learning environment and we strive to maintain confidentiality, informing the student therapist of health conditions is for the safe application and not to be considered a medical treatment. Massage therapists do not diagnose or attempt manual chiropractic adjustments. I have provided the above information the best of my knowledge, and will inform the student massage therapist of any changes in my health status.

Date _____ Signature _____