



CLIENT INFORMATION FORM

All information will be kept confidential

Name _____ Date _____

Address _____ City _____

State ____ Zip _____ Date of Birth ____ / ____ / _____ Occupation: _____

Home Phone: _____ Work Phone: _____

Email _____

Emergency Contact: Name _____ Phone _____

How did you hear about me? _____

What brings you here? _____

Have you received Structural Integration before (Rofling, Hellerwork, ATSI, Soma)? _____

Do you exercise? If yes, describe frequency and activities. _____

How does your work, play, or lifestyle affect your body? (Examples could include repetitive movements, sitting a lot, or carrying young children.) _____



CLIENT INFORMATION FORM (CONTINUED)

What do you appreciate about your body? _____

Do you have any of the following? Please explain.

Recent injuries _____

Long-term injuries/illnesses _____

Surgeries _____

Pain _____

Numbness / loss of sensation _____

Allergies / Swelling / Inflammation _____

Other Conditions _____

Anything else you want me to know? _____

Informed Consent

I understand that I will be receiving a therapeutic massage for the purpose of maintaining good health and physical condition. The session may include massage and movement therapy. I understand that massage therapists may not diagnose or treat injuries or diseases and may not prescribe medications. I understand that either the therapist or I can stop the session or alter the treatment plan at any time if either experience discomfort inappropriate for the situation. Discomfort may include (but not be limited to) physical pain, sexually suggestive behavior, personal remarks or requests. I have disclosed all known medical conditions, medications and/or injuries I currently have or had in the past and I will keep the massage therapist updated on any changes.

Client Signature _____ Date _____