

Please take a few minutes to complete the following client information sheet agreement and release of liability. Please bring this form with you on your first visit.

suburban
 DECOMPRESSION
 therapeutic & wellness massage

Name _____

Work Phone _____ Cell Phone _____ Email _____

Address _____

City _____ State _____ Zip _____

Have you received a professional massage before? Please circle your answer. Yes / No
 If there are any areas of your body that you do not want massaged, please indicate here:

The form is intended only as an assessment tool that is routinely used in the massage profession and serves as a guide for application of massage. Please circle any condition(s) that you have now or have experienced in the past.

- | | | |
|----------------------------------|-----------------------------|---|
| Anemia | Emphysema | Phlebitis |
| Asthma | Fibromyalgia | Pregnant (current) |
| Bladder infection | Fungal infections | Psoriasis |
| Boils | Gallstones | Rashes |
| Brain injury | Headaches | Reduced sensation |
| Breast Cancer | Heart disease/condition | Reflux |
| Broken or fractured bones | High Blood Pressure | Rheumatoid Arthritis |
| Bruise easily | Hodgkin's disease | Scars |
| Burns | Hypo/Hyperthyroidism | Seizure disorder |
| Bursitis | Insomnia | Sinus problems |
| Cancer | Irritable Bowel Syndrome | Skin allergies |
| Carpal tunnel syndrome | Leukemia/lymphoma | Skin Cancer |
| Chronic Fatigue Syndrome | Loss of motion or mobility | Spinal cord injury |
| Cirrhosis | Low Blood Pressure | Strains, sprains, tendonitis |
| Clotting disorders | Lupus | Stroke |
| Cold/flu/fever (Currently) | Multiple Sclerosis | Thoracic outlet syndrome |
| Cramping, spasms, soreness | Numbness/tingling | TMJ dysfunction |
| Diabetes | Osteoarthritis | Unable to comfortably lie on both sides |
| Difficulty with prolonged stance | Ovarian cysts | Varicose Veins |
| Eczema | Pelvic Inflammatory Disease | |
| Edema | Persistent pain | |

Medications Currently Being Taken:

Additional Notes:

