

Name _____ Date _____

Address/City/State/Zip _____

DOB _____ Male Female Email Address _____

Occupation _____ Phone: Cell _____ Other _____

Referred by (specific ad or person) _____

Reason for treatment/ Areas of complaint _____

Are you currently under a physician/chiropractor/homeopath/acupuncturist's/etc. care and if so, for what? Yes No

Do you currently have, or have you in the past, any of the following conditions? This information is strictly confidential and is important to your therapy.

- | | | | |
|--------------------------------------------------------|-----------------------------------------|-------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Numbness or Tingling | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Asthma | <input type="checkbox"/> Skin Problems/ Rashes |
| <input type="checkbox"/> Arthritis/ Joint Disorders | <input type="checkbox"/> Inflammation | <input type="checkbox"/> Nausea | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Varicose Veins/ Blood Clots | <input type="checkbox"/> Headaches | <input type="checkbox"/> Cancer (history) | <input type="checkbox"/> COVID-19 |
| <input type="checkbox"/> Allergies (please list below) | <input type="checkbox"/> Athlete's Foot | <input type="checkbox"/> Heart Problems | |

_____ Other _____

Please list any medications you are currently taking and what they are indicated for. _____

Please list and give year of past surgeries, broken bones, major accidents, or serious injuries. _____

Do you have any medical condition not mentioned above that we should be aware of before giving you a massage or body treatment? _____

Physical Activity/ Exercise _____

Are you pregnant, trying to become pregnant or breastfeeding? Yes No

Have you been ill recently? Yes No

Previous massage/bodywork experience: Never Occasionally Often Types _____

During the massage/body treatment, the Licensed Massage Therapist (LMT) will only use techniques approved by the Texas Dept. of State Health Services. Draping agreed on by client and LMT will be used throughout the massage/body treatment. If at any time I am uncomfortable, I can terminate the session (the LMT also has this right.) I understand that the LMT does not diagnose illness, and, as such, the LMT does not prescribe medical treatment or pharmaceuticals, nor do they perform spinal manipulations. I am aware that massage therapy/body treatment is not a substitute for medical examination/diagnosis and that it is recommended that I see a physician for any ailment that I may have. I understand and agree that I am receiving massage therapy/body treatment entirely at my own risk. In the event that I become injured either directly or indirectly as a result, in whole or in part, of the aforesaid massage therapy/body treatment, I hereby hold harmless and indemnify the LMT, Lindsey Maxwell-Gaines, HealingTherapies, The Healing Arts Center, their principles, and agents from all claims and liability whatsoever. I acknowledge that I have accurately answered the questions above and understand and agree with the statement here by typing my name below serving as a signature.

Client _____ Date _____

LMT _____ Date _____