

Stephanie McLaughlin, LMT
Client Information Form

Name _____ Referred by: _____

Address _____ DOB: _____

City _____ St _____ Zip _____ E-mail _____

Phone (H) _____ (W) _____ (C) _____

Occupation _____ Employer _____

Children (how many, ages) _____

Chief Areas of Pain or Tension _____

Do you now have (or have had in the past) any of the following conditions? If so, please specify year/type/location, etc:

<input type="checkbox"/> Arthritis	<input type="checkbox"/> Contact lenses	<input type="checkbox"/> Fibromyalgia
<input type="checkbox"/> Blood clots	<input type="checkbox"/> Dentures	_____ Date Dx'd
<input type="checkbox"/> Varicose veins	<input type="checkbox"/> Pregnant (now)	<input type="checkbox"/> Low blood pressure
<input type="checkbox"/> Cancer	_____ Due Date	<input type="checkbox"/> High blood pressure
_____ Type/Stage	<input type="checkbox"/> Skin sensitivities	<input type="checkbox"/> Diabetes

Accidents or injuries (recent, childhood, school sports, etc): please give year and brief description:

Hospitalizations and/or surgeries: please give year, procedure performed:

Life stressors in the past year:

Childhood stressors:

Any other medical condition or illness of which I should be aware before giving you a massage?

The traditional massage pressure that I prefer is: Light Swedish Moderate Deep Tissue

Full sheet draping will be used at all times. If you feel uncomfortable for any reason at any time during my session, you may ask the therapist to end the session and she will do so.

Areas I routinely work for therapeutic massage: Gluteal muscles (buttocks), pectoralis minor and major (chest), adductors (inner thighs). If you have questions or concerns, please let me know.

I understand that the massage therapist does not diagnose illness, disease, or any other physical or mental disorder. As such, the massage therapist does not prescribe pharmaceuticals or medical treatment, nor do they perform any spinal manipulations. It is very clear to me that this massage is not a substitute for medical exams and/or diagnosis, and that it is recommended that I see a physician and/or chiropractor for any physical ailment that I may have.

Because a massage therapist must be aware of existing physical conditions, I have stated all my known medical conditions and take it upon myself to keep the massage therapist updated on my physical health.

Client Signature _____ Date _____

Therapist Signature _____ Date _____