



Personal Information

Name _____ Best Phone: _____
 Address _____ City/State/Zip _____ DOB _____
 Occupation _____ Employer _____
 Email _____ Primary Physician _____
 Emergency Contact _____ Relationship _____ Phone _____
 How did you hear about Synergy? _____

Medical Information

Are you taking any medications? yes no
 If yes, please list name and use: _____

****Please note that massage is contraindicated with some medications, so it is important to note all meds here.**

Are you currently pregnant? yes no
 If yes, how far along? _____

Do you suffer from chronic pain? yes no
 If yes, please explain: _____

 What makes it better? _____

 What makes it worse? _____

Have you had any orthopedic injuries? yes no
 If yes, please list: _____

Please indicate any of the following that apply to you.

- | | |
|--|---|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Fibromyalgia |
| <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Heart Attack |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney Dysfunction |
| <input type="checkbox"/> Joint Replacement(s) | <input type="checkbox"/> Blood Clots |
| <input type="checkbox"/> High/Low Blood Pressure | <input type="checkbox"/> Surgeries |
| <input type="checkbox"/> Neuropathy (weakness, numbness) | <input type="checkbox"/> Sprains or Strains |

***Please explain any conditions you have marked above on the reverse.**

Massage Information

Have you had a professional massage before? yes no
 Approximately when was your last massage? _____

What type of massage are you seeking?
 Relaxation Therapeutic/Deep Tissue

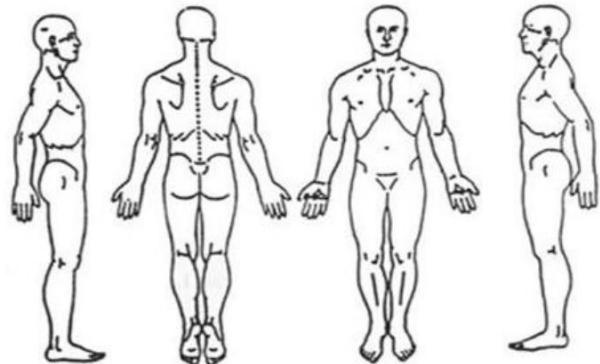
What pressure do you prefer?
 Light Medium Deep

Do you have any allergies or sensitivities? yes no
 Please explain _____

Are there any areas (feet, face, abdomen, glutes, etc.) you do not want massaged? yes no
 Please note which: _____

What are your goals for this treatment session?

Please circle any areas of discomfort:



*By signing below, you agree to the following.
 I have completed this form to the best of my ability and knowledge and agree to inform my therapist if any of the above information changes at any time.*

Client Signature _____ Date _____

Therapist Signature _____ Date _____



Massage Client Waiver Form

Please take a moment to read and initial the following information:

_____ I understand that massage therapy is provided for stress reduction, relaxation, relief from muscular tension, and improvement of circulation and energy flow.

_____ If I experience pain or discomfort during the session, I will immediately inform my therapist so that pressure/strokes can be adjusted to my level of comfort. I will not hold my therapist responsible for any pain or discomfort I experience during or after the session.

_____ I understand that the services offered today are not a substitute for medical care. I understand that my therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat physical or mental illness.

_____ I have notified my therapist of all known medical conditions, medications I am taking, and injuries. I will obtain proper medical release(s) and share them with my therapist if applicable.

_____ I agree to inform the therapist of any changes in my health and medical condition. I understand that there shall be no liability on the therapist's part should I forget to do so.

_____ I understand that massage is entirely therapeutic and non-sexual in nature, and that any advances in that manner will result in a non-refundable termination of your session.

_____ By signing this release, I hereby waive and release my therapist from any, and all, liability – past, present, and future – relating to massage therapy and bodywork.

_____ I have received the policy statement and have read and agree to the policies therein.

Client name: _____

Client signature: _____

Date: _____

Therapist signature: _____

Information and Suggestions

- Undress to your comfort level. Your therapist can best perform focused work on muscles without clothing over them. You will be covered with a top sheet throughout your session and only areas that are being worked will be exposed using secure draping techniques. This is your massage, and you should be as relaxed and comfortable as possible.
- Upon suggestion of your therapist, additional stretching after the massage may be performed where you will be partially clothed.
- Relax and enjoy your treatment!