


Tiffany's Therapeutic Massage
 1242 E. Empire St.
 Bloomington, IL 61701
 (309) 531-0421

Client Information Form

Name: _____ Birth Date: _____
 Street Address: _____ City: _____ Zip Code: _____
 Day Telephone: _____ Evening Telephone: _____
 Cell Phone: _____ Occupation: _____
 E-Mail Address: _____ Referred By: _____

General & Medical Conditions

Have you ever had a massage before? _____
 If yes, how long has it been since your last massage? _____

Please check any of the following that you are currently experiencing, and circle those that you have had in the past two years

_____ Arthritis	_____ Fatigue	_____ Shortness of Breath
_____ Bursitis	_____ Depression	_____ Severe Irritability
_____ Cancer	_____ Blood Clots	_____ Skin Disorders
_____ Diabetes	_____ Sinus Problems	_____ High/Low Blood Pressure
_____ Heart Condition	_____ Headaches	_____ Stomach Disorders
_____ Fainting Spells	_____ Carpal Tunnel	_____ Dizziness
_____ Anemia	_____ Stress/Anxiety	_____ Insomnia

List any other diseases or ailments you suffer from _____
 Are you pregnant or trying to get pregnant? _____
 List any allergies you suffer from? _____
 Do you have a herniated or slipped disc, or fused vertebrae? _____
 Have you had any major accidents, or injuries? _____
 Have you had any breaks or sprains? _____
 Have you had any surgeries or illness in the last two years? If yes, please explain. _____

Are you under Doctors, Chiropractors, or other healthcare? _____
 If yes, what Doctor, and for what condition. _____
 Are you taking any medications prescribed to you by a doctor? _____
 If yes, what are they and what is their purpose? _____
 Are you taking any vitamins or supplements? If yes, what are they? _____
 What benefits of massage are you seeking? _____
 In case of Emergency Notify _____

Please take a moment to carefully read the follow information and sign where indicated.

If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated. A referral from you primary care provider may be required prior to service being provided. I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnosis, or prescribe or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so. **It is also understood that any illicit or sexually suggestive remarks or advances will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.**

I understand that Tiffany's Therapeutic Massage has a 24 hour cancellation policy. If I need to cancel an appointment I will be kind enough to give at least 24 hours notice. The 24 hours is a courtesy to Tiffany's other clients as well as herself. **If I miss an appointment or cancel an appointment within 24 hours of my appointment I understand that I will be billed for half the price of the massage scheduled.** I also realize that if I need a kindly reminder of my appointment I will ask Tiffany to call me the day before to remind me of my scheduled appointment.

Client Signature: _____ **Date:** _____

Practitioner Signature: _____ **Date:** _____