Alpha Medical Massage & Rehabilitation
Client Contact Information

Please complete all the responses to the best of your knowledge. (All information is strictly confidential)
*** Indicates a required field**

Name (Last, First, MI)

Age

Sex

Address (Street, City, ST, Zip)

Email

Home Phone

Cell Phone

Occupation

Emergency Contact Name

Emergency Contact Phone

Referred By

Have you had massages, bodywork/treatments before?	☐ Yes	☐ No
Do you wear contact lenses?	☐ Yes	☐ No
Do you wear dentures?	☐ Yes	☐ No
Are you currently under a physician's care?	☐ Yes	☐ No
Are you taking any blood-clotting medication?	☐ Yes	☐ No
Are you taking any blood-thinning medication?	☐ Yes	☐ No
Are you taking any sensation-altering medication?	☐ Yes	☐ No
Do you have a tendency to bruise easily?	☐ Yes	☐ No
Have you recently been exposed to a communicable disease?	☐ Yes	☐ No

Do you have any recent injuries? ☐ Yes ☐ No

If so, please explain:

Please list the areas you wish to focus on

Please list the areas you wish not to have focused on

Please check any of the following medical conditions/symptoms that you have experienced in the last year

- ☐ Heart Disease
- ☐ High Blood Pressure
- ☐ Hospitalization
- ☐ Hepatitis
- ☐ Carpel Tunnel
- ☐ Sciatica
- ☐ Stroke
- ☐ Varicose Veins
- ☐ Surgery
- ☐ Herpes Simplex
- ☐ Whiplash
- ☐ Asthma
- ☐ Angina
- ☐ Phlebitis/Thrombosis
- ☐ Fibromyalgia
- ☐ Disc Problems
- ☐ Immunity Related Disorder
- ☐ Insomnia
- ☐ Hypertension
- ☐ Migraines
- ☐ Contagious Disease
- ☐ Pregnancy
- ☐ Repetitive Strain Injury

Other: Please describe

Specific Medical Conditions

For your safety, our therapists must be aware of all medical conditions for which you have been diagnosed. Massages, bodywork/treatments may impact your health.

Arthritis ☐ Yes ☐ No

Please describe

Cancer or Tumors ☐ Yes ☐ No

Please describe

Cardiovascular Disease ☐ Yes ☐ No

Please list any of the following that apply to you: *Anemia, Angina, Atherosclerosis, Hemophilia, Congestive Heart Failure, Heart Attack, Heart Murmur, Hypertension, High Blood Pressure, Varicose or Spider Veins, Other*

Diabetes ☐ Yes ☐ No

Please describe

Kidney or Liver Disease ☐ Yes ☐ No

Please describe

Respiratory or Lung Condition ☐ Yes ☐ No

Please describe

Skin Conditions ☐ Yes ☐ No

Please list any of the following that apply to you: *Acne, Abrasions/Cuts, Birthmarks/Moles, Warts, Bruises, Dermatitis, Eczema, Herpes, Hives, Poison Ivy/Oak/Sumac, Psoriasis, Skin Tags, Sunburn, Other*

Injuries ☐ Yes ☐ No

Please describe

Please read and sign

I verify that all information is correct and current to the best of my knowledge. I understand that any information provided is for safety purposes and will be kept strictly confidential, except that such information may be used Alpha Medical Massage & Rehabilitation, for statistical analysis or scientific purposes.

I hereby give my consent to receive massage services and/or other bodywork or treatment from Alpha Medical Massage & Rehabilitation, and I acknowledge and agree that I am doing so at my own risk. My health and safety with respect to such Services are my sole responsibility. I acknowledge that my receipt of the Services from Alpha Medical Massage & Rehabilitation may result in bodily injury to me or my death. My decision to receive Services from Alpha Medical Massage & Rehabilitation is voluntary, and I know of, understand and assume any and all the risks associated therewith.

In exchange for receiving Services from Alpha Medical Massage & Rehabilitation, I, for myself and on behalf of my heirs, executors, administrators and personal representatives, hereby waive, release, discharge and hold harmless Alpha Medical Massage & Rehabilitation, its members, officers, employees and agents from any and all liability for any and all injuries, including death, damages or claims relating to or resulting from my receipt of the Services, now or in the future,

foreseen or unforeseen. Further, I will indemnify and hold Alpha Medical Massage & Rehabilitation, its members, officers, agents and employees, harmless from and against any and all claims, rights, damages, liabilities, losses, costs and expenses (including reasonable attorney's fees) arising from or in connection with any injuries to other persons or damage to property caused by or attributed to me.

I acknowledge that I have read, and understand, the release and indemnification provisions set forth in the preceding paragraph, and agree to such terms.

Client 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 affirm that I have notified my therapist of all known medical conditions and injuries.*
- 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 therapists part should I forget to do so.*
- I understand that massage is entirely therapeutic and non-sexual in nature.*
- 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

- Prior to your massage, please remove contact lenses and all jewelry. Pull long hair back with a clip or band.
- In general, massage is given while you are unclothed. However, you may choose to wear undergarments or a swimsuit. You will be covered with a top sheet throughout your session. This is your massage and you should be as comfortable as possible.
- Feel free to ask your therapist any questions before, during, or after the session. Your therapist is a highly trained professional and will be happy to make you feel informed and comfortable.

Please be aware of our 24 hour cancellation policy.