

Confidential Client Information
(Please Print)

Name _____
Last First
Address _____
Street City Zip
Phone _____ Email _____

Home cell or work
Age _____ Birthday month _____ Would you like to receive special offers in the mail including birthday specials from Touch? _____

Please indicate whether or not you have any of the following:

	YES	NO		YES	NO
Heart disease or problems	<input type="checkbox"/>	<input type="checkbox"/>	Skin Allergies (if yes, describe):	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>			
Breathing Problems	<input type="checkbox"/>	<input type="checkbox"/>	Are you pregnant at this time?	<input type="checkbox"/>	<input type="checkbox"/>
Are you recovering from any injury or disease?	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	<input type="checkbox"/>
(if yes, describe): _____					

THE MASSAGE

Are there any parts of your body on which the therapist should concentrate or do you have any other special requests?

I understand that massage therapy is provided by Touch for purposes of relieving muscular tension, stress or for stimulating circulation and increasing energy. It is not intended to replace diagnosis or treatment of any type of physical or emotional disease. A physician or other medical professional is recommended for such diagnosis or treatment. I have listed my existing medical problems and will advise the massage therapist of any changes in my condition. I understand that this massage is completely non-sexual in nature.

Signature _____

Date _____