Marjorie J. Lewis, LMT
Licensed Massage Therapist

CLIENT PROFILE

Name: _____ Sex: _____ Age: _____

Address: _____
City State Zip

Telephone: Mobile ( ) _____ Home ( ) _____

Occupation: _____ Date of Birth: _____

Email Address: _____

In Case of Emergency, please notify: _____
Name Telephone

Referred By: _____

What is your previous experience with professional massage/other bodywork?

What are your goals and/or expectations for this visit?

Are there any areas you would like me to focus on during this session? Areas where you hold a lot of tension? Any areas you would like to have skipped?

Would you like any particular kind of bodywork incorporated into your session? (i.e. Swedish massage, specific deep tissue work, Therapeutic Touch, myofascial release, foot reflexology, Reiki, chakra balancing)

Lifestyle:

Activity Level: High Moderate Low Forms of Exercise/Recreation: _____

Nutrition: Good Fair Poor Tobacco: ____ Alcohol: _____ Drugs (non-medical): _____

Stress Level: High Moderate Low Major source of stress? _____

Do you incorporate other healthcare modalities into your lifestyle? (i.e. meditation, yoga, acupuncture, exercise, bodywork, etc.) Please List:

Medical History:

Are you under medical care or supervision now? For what condition(s)?

Are you currently taking any medication? If so, what kind? For?

May I contact your physician should the need arise?

_____ _____

Name of Physician Telephone

Please describe **ANY** accidents or operations:

Please circle any of the symptoms or physical problems listed below that you are currently experiencing or have experienced:

Allergies	Epilepsy	High/Low blood pressure	PMS
Arthritis	Easy bruising	Insomnia	Phlebitis
Abscess or open sore	Fatigue	Indigestion	Respiratory/Lungs
Cardiovascular/Heart	Fluid retention	IUD	Skin rash or sensitivity
Contact lenses	Headaches	Mental illness	Sciatic
Cancer	HIV positive	Numbness	Scoliosis
Diabetes	Herpes	Osteoporosis	Varicose veins
Dizziness	Herniated disc	Pregnancy	Other

All information will be treated confidentially. In order to maximize the effectiveness of massage sessions together, please give your feedback during and at the end of each session. This will help to tailor the massage session to serve you in the best possible way.

I have read and understand the above information and have discussed it with my practitioner. I understand that this work does not constitute medical treatment. It is a form of health and wellness maintenance. I take responsibility for alerting my practitioner of any physical conditions and for obtaining medical authorization to receive massage. I give my permission for massage therapy and agree to the stated schedule of fees. By signing this release I hereby waive and release Marjorie J. Lewis from all liability past, present and future. I understand that massage provided by Marjorie Lewis is strictly non-sexual. Lewd or sexual behavior will result in immediate termination of the session with no return of fees.

_____

Signature **Date**

Please make all cancellations at least 24 hours in advance. Cancellation fees apply. There will be a $25 charge for all returned checks.