

Infinity Massage/ Jamie Gates
Client Information

How did you hear about Infinity Massage/ Jamie Gates?

- | | |
|---|---|
| <input type="checkbox"/> Gift Certificate | <input type="checkbox"/> Shopping in Crossroads |
| <input type="checkbox"/> Referral | <input type="checkbox"/> Sunflowers Cafe |
| <input type="checkbox"/> Fitzwilliam Newsletter | <input type="checkbox"/> The Vintage Rose |
| <input type="checkbox"/> Troy Newsletter | <input type="checkbox"/> Beehive Hair Salon |
| <input type="checkbox"/> Winchendon Currier | <input type="checkbox"/> Mailer |
| <input type="checkbox"/> Bank Advertising | <input type="checkbox"/> Other |

Email Address _____

Date of Birth _____

Name _____

Phone _____ Work or cell _____

Address _____

Occupation: _____

Reason for Massage/Bodywork or Ear Coning:

Have you previously had a massage/bodywork or ear coning? YES NO

If YES, Frequency? _____

Infinity Massage/ Jamie Gates
Medical Intake and Release

Yes/No Do you tend to be high stressed?
Yes/No Do you have Diabetes?
Yes/No Do you have frequent headaches?
Yes/No Are you pregnant?
Yes/No Do you suffer from arthritis?
Yes/No Are you wearing contact lenses?
Yes/No Are you wearing dentures or partials?
Yes/No Do you have high blood pressure?
Yes/No If "yes" to previous questions, are you taking medication for this?
Yes/No Do you suffer from epilepsy or seizures?
Yes/No Do you suffer from joint swelling?
Yes/No Do you have varicose veins?
Yes/No Do you have osteoporosis?
Yes/No Do you have allergies?
Yes/No Do you bruise easily?
Yes/No Have you had any broken bones in the past two years?

Yes/No Have you been in an accident or suffered any injuries in the past two years?
Yes/No Do you have tension or soreness in a specific area? Please specify:

Yes/No Do you have cardiac or circulatory problems?
Yes/No Do you suffer from back pain?
Yes/No Do you have numbness or stabbing pains anywhere?
Yes/No Are you very sensitive to touch or pressure in any area?
Yes/No Have you ever had surgery?
Yes/No Do you have any other medical condition, or are you taking any medications I should know about?

I understand that the massage/ bodywork that I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, 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 should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, 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 fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the schedule appointment.

Client Signature _____ Date _____

Practitioner Signature _____ Date _____
