

# Weisser Massage Therapy

Date: \_\_\_\_\_

3587 45th St S  
Fargo, ND 58104

## Client Contact Information

Name: \_\_\_\_\_ Male/Female DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Can a message be left at this number: Y / N

Occupation: \_\_\_\_\_

Frequent Hobbies/Sports: \_\_\_\_\_

How did you hear about Weisser Massage Therapy? (please circle one)

Online (web search)                      Social Media (Facebook/Twitter/Instagram)

Friend/Co-worker                      Other: \_\_\_\_\_

Doctor Referral (Name of Doctor & Phone

# \_\_\_\_\_ )

## Massage Information

Have you experienced a massage from a Licensed Massage Therapist before? Y / N

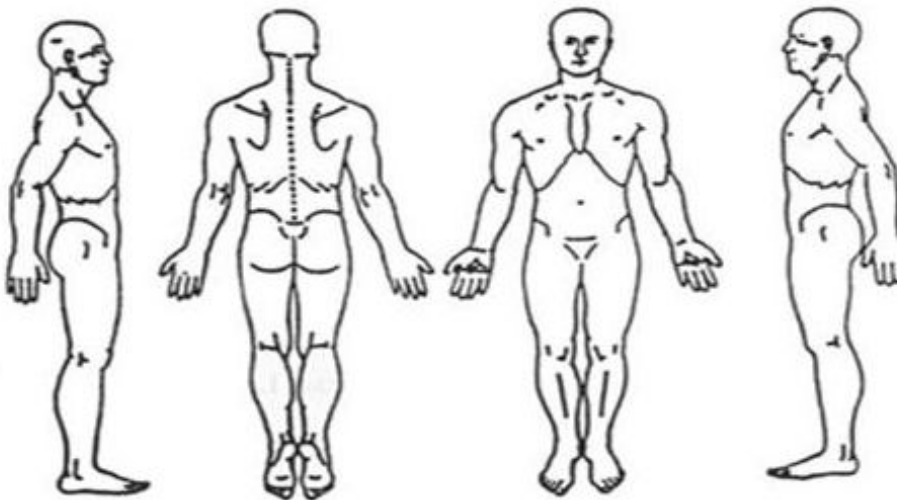
How recently? \_\_\_\_\_

What kind of pressure do you prefer?              Light              Medium              Firm

What are your goals/expected outcomes for receiving massage/bodywork?

\_\_\_\_\_  
\_\_\_\_\_

Please indicate today's areas of discomfort:



**Right side**

**Back**

**Front**

**Left Side**

Are you sensitive to fragrances? Y / N

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## Health History

Are you currently under the care of a Healthcare practitioner? Y / N

Why? \_\_\_\_\_

Have you had any injuries or surgeries currently or in the past that may influence today's treatment? \_\_\_\_\_

Circle any of the following health conditions that you currently have (If you are unsure, please ask):

### **Blood clots, Infections, Congestive Heart Failure, Contagious diseases, Pitted Edema**

Please answer honestly, as massage may not be indicated for the above conditions.

Please indicate conditions that you have or have had in the past.

- |         |      |   |                      |
|---------|------|---|----------------------|
| Current | Past | Muscle or joint pain                              | _____                |
| Current | Past | Muscle or joint stiffness                         | _____                |
| Current | Past | Numbness or tingling                              | _____                |
| Current | Past | Swelling  | _____                |
| Current | Past | Bruise easily                                     | _____                |
| Current | Past | High/Low blood pressure                           | _____                |
| Current | Past | Stroke, heart attack                              | _____                |
| Current | Past | Varicose veins                                    | _____                |
| Current | Past | Shortness of breath, asthma                       | _____                |
| Current | Past | Cancer  | _____                |
| Current | Past | Neurological (e.g. MS, Parkinson's, chronic pain) | _____                |
| Current | Past | Epilepsy, seizures                                | _____                |
| Current | Past | Headaches, Migraines                              | _____                |
| Current | Past | Digestive conditions (e.g. Crohn's, IBS)          | _____                |
| Current | Past | Kidney disease, infection                         | _____                |
| Current | Past | Arthritis (rheumatoid, osteoarthritis)            | _____                |
| Current | Past | Osteoporosis, degenerative spine/disk             | _____                |
| Current | Past | Scoliosis   | _____                |
| Current | Past | Broken bones                                      | _____                |
| Current | Past | Allergies   | _____                |
| Current | Past | Diabetes  | _____                |
| Current | Past | Endocrine/thyroid conditions                      | _____                |
| Current | Past | Depression, anxiety                               | _____                |
| Current | Past | Memory Loss, confusion, easily overwhelmed        | _____                |
| Current | Past | Pregnant  | How far along? _____ |

Are you on any medications? Y / N

\* Due to the increase blood and lymphatic circulation that occurs during and after massage, side effects of medications can increase

Are there any other medical conditions not listed that I need to be aware of? Y / N

Comments: \_\_\_\_\_

# **Weisser Massage Therapy**

## **Cancellation Policy**

Please arrive at least ten minutes before your scheduled appointment time in order to ensure a full massage session. You may cancel your appointment without charge up to 24 hours preceding your appointment. Same day cancellations will be charged 50% of the scheduled service price.

## **Massage informed consent**

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 scheduled appointment. Understanding all of this, I give my consent to receive care.

**I hereby acknowledge receipt of the Informed Consent and cancellation Policy, and understand my rights as a client. I acknowledge that all information on this form has been read through and is filled out to the best of my knowledge.**

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**Name (printed)**

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**Signature of Client or Legal Guardian**

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**Date**

**(if client is under the age of 18 the legal guardian must be present within the office during the session)**