

Michelle Reid R.M.T.

Name _____ Telephone (____) _____

Address: _____ City _____ State _____ Zip _____

SSN _____ Date of Birth _____ M / F

Emergency Contact _____ Telephone (____) _____

Email: _____

Only for Workman's Comp. or Auto Insurance Claims:

Insurance company _____

Insurance Address _____

Insurance Telephone (____) _____ Claim # _____

Claim Adjustor/Representative _____

Occupation _____ Place of Injury _____ Date of Injury _____

Who else are you seeing for this injury? _____

Physicians telephone (____) _____

Have you received a professional massage before? Y / N

Please check any of the following items that pertain to you:

Allergies Contagious disease Currently on Medication

Diabetes Cancer Headaches

Cardiac or circulatory problems Pregnancy

High blood pressure Epilepsy/Seizures

Stabbing Pain Swelling Numbness/Tingling

Stress Arthritis Bruise easily

Varicose Veins Surgeries

Medications or other health information: _____

I understand the purpose of massage is to provide relief from muscle tension and aid relaxation. I further understand that massage or bodywork should not be construed as a substitute for medical exams, diagnosis or treatment which should be sought from a qualified professional. Because massage 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 Michelle Reid R.M.T. updated as to any changes in my medical profile and understand that there shall be no liability on her part should I fail to do so. I hereby give my consent to share my medical information collected with all involved in my health care. Sexual misconduct is not to be tolerated and will result in termination of the massage with full compensation due to the practitioner.

Client Signature _____ Date _____

Consent to treat minor: I hereby authorize Michelle Reid R.M.T. to administer massage to my child or dependent as deemed necessary.

Signature of parent or guardian _____ Date _____