CLIENT INFORMATION FORM

Name: ______________________________ Date of Birth: __________

Address: ______________________________

Preferred Phone: ______________________________ Type: ☐ Home ☐ Work ☐ Cell

Email: ______________________________

Occupation: ______________________________

Why are you here for a session today? ______________________________

Have you had a professional bodywork session before? ______________________________

What kind? ______________________________

Please describe any physical activity you engage in: ______________________________

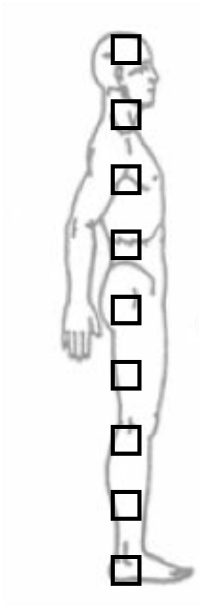
____

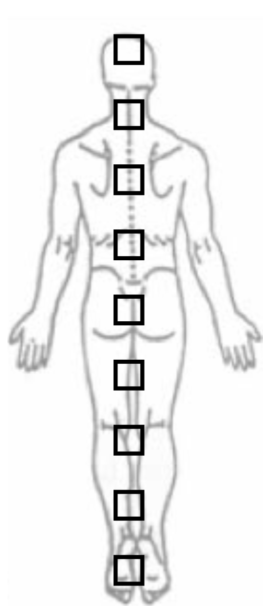
How did you hear about us? ______________________________ Referral Name: __________

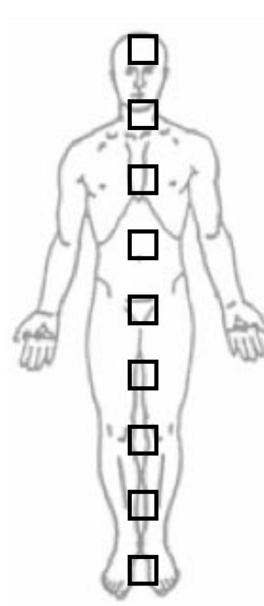
Emergency Contact Name: ______________________________ Phone: __________

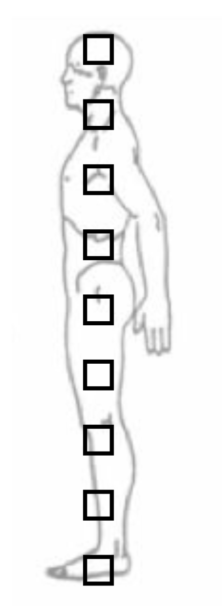
Primary Care Giver: ______________________________

Sagittal Right Side	**Anterior View**	**Posterior View**	**Sagittal Left Side**
Deviation:	Deviation:	Deviation:	Deviation:









Michelle Baker, LMT, PT
Massage Therapy • Fitness • Workplace Wellness

18 Millyard, Unit 2, Amesbury, MA 01913
guaranteedfitnessandbodyworks@hotmail.com
978.880.8310

MEDICAL INFORMATION

Do you have, or have you had, a history of any of the following?

- ☐ Headaches
- ☐ Epilepsy
- ☐ Joint Pain
- ☐ Sinusitis
- ☐ Asthma
- ☐ Diabetes
- ☐ Constipation
- ☐ Arthritis
- ☐ Insomnia
- ☐ Cancer
- ☐ Varicose Veins
- ☐ High Blood Pressure
- ☐ Circulatory Problems
- ☐ Digestive Problems
- ☐ Cardiac Problems

Do you have any allergies? ☐ Yes ☐ No If yes, please explain: ______________________________

Are you pregnant? ☐ Yes ☐ No

Please list any medications you are currently taking and their purpose: ______________________________

____

____

Please list any recent illnesses: ______________________________

____

Please list any recent surgeries: ______________________________

____

Please list any recent injuries: ______________________________

____

Please list any medical conditions not mentioned here: ______________________________

____

Do you have any tension or soreness in specific areas? Please explain: ______________________________

____

Are you sensitive to touch/pressure in any area? Please explain: ______________________________

____

Is there anything else you would like me to know? Please explain: ______________________________

____

Click here to send completed form

Michelle Baker, LMT, PT
Massage Therapy • Fitness • Workplace Wellness

18 Millyard, Unit 2, Amesbury, MA 01913
guaranteedfitnessandbodyworks@hotmail.com
978.880.8310