RelaxPDX Confidential Client Information

Name: ____________

Name____ Birth Date _____________

Address____

City______________________________ State____ ZIP__________

Email Address____ Phone ___________________________

How did you hear about us? Internet Euro Institute Advertising Personal Referral Other__________

If it is a personal referral who can we thank for referring you____

Do you have a current injury or illness that has you under the care of a health practitioner? Yes No

If yes, please explain ____

____

Please check if you have any of the following conditions:

__Recent Injury __Diabetes __Kidney Problems
__Recent Illness __Phlebitis __High Blood Pressure
__Recent Surgery __Pregnancy __Other circulation problems
__Chronic Pain __Blood Clots __Contagious Skin Disorders
__Joint Problems __Varicose Veins __Cancer or undiagnosed growth
__Chronic Illness __ Other health concerns ____

If you are taking any medications what are they for?____

List any allergies to nuts, fragrances, or oils:____

What is your goal for todays massage?____

When was your last massage?________________________

Check the areas that you would like special focus on (areas that are sore, tired, painful, injured, etc).

__Lower Back __Shoulders __Feet __Upper Back __Legs __Arms/Wrist
__Neck __Hips/Buttocks __Other ____

What do you do for relaxation and/or exercise?____

Please list any areas of the body you prefer NOT to be worked on or touched____________________________

What was your favorite part of previous massages?____

What did you not like about previous massages?____

What sort of pressure do you like during your massage? Light Medium Deep

It is my choice to receive massage therapy. I realize that any treatment being given is for the well being of my body and mind. I agree to communicate with my practitioner any time I feel that my well being is being compromised. I understand that massage practitioners do not diagnose illness, disease, or any physical or mental disorder, nor do they prescribe medical treatment, pharmaceuticals, or perform spinal thrust manipulations. I have stated all medical conditions that I am aware of and will update the massage practitioner of any changes in my health status. In the unlikely event of any personal injury I agree not to hold Kirstin Davis, LMT or the Euro Institute liable. I understand that Kirstin Davis, LMT is not an employee or agent of The Euro Institute. The Euro Institute assumes no liability for any services rendered to it's clients by Kirstin Davis, LMT. I understand that proper draping will be used at all times, at no time will my genitals be exposed or touched. If I behave in a manor in which my massage therapist feels is unsafe or uncomfortable my massage will end and I will be charged the full amount of my treatment. I have read and understand the conditions of this agreement and I give my full consent.

SIGNATURE___________________________________ **DATE**_______________

Treatment Notes:____