



Health Profile

Please complete the health profile below. Your health & safety is my top priority. Please answer all questions to the best of your knowledge. If you have any questions please ask.

Client Contact Information

Client Name: _____ Today's Date: _____
Date of Birth: _____ Preferred Pronouns: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Email: _____

Emergency Contact Information

Emergency Contact Name: _____
Emergency Contact Phone: _____
Relationship to Client: _____

Physician/Health Care Provider Contact Information

Name: _____
Medical Center: _____

Massage Preference Information

Have you ever received professional massage before? YES NO

If yes, when was your last massage?

What type of massage/bodywork do you prefer?

What level of pressure do you prefer LIGHT MEDIUM FIRM

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

List and prioritize your current symptoms/areas of concern (stress, pain, stiffness, numbness/tingling, swelling, etc):

Do any of these symptoms interfere with your activities of daily living (i.e. sleep, exercise, work, etc)?
Please explain:

Please answer the following questions

Are you wearing contacts?	YES	NO	
Are you wearing a hearing aid?	YES	NO	
Are you wearing a hair piece or wig?	YES	NO	
Are you pregnant?	YES	NO	How many weeks/months_____

List any medications/supplements you are currently taking:

Health History

Have you been exposed to or tested positive to Covid-19 in the past 14 days? YES NO

Are you feeling healthy today? YES NO

If you are not feeling healthy today, please explain:

Have you had any illnesses, conditions, injuries or surgeries that may influence today's treatment?
Please provide any details in the space provided.

Consent for Treatment

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.

Client Signature: _____ **Today's Date:** _____

Printed Name: _____

Minor Consent for Treatment

Parent or Guardian Signature: _____ **Today's Date:** _____

Printed Name of Parent or Guardian: _____

Printed Name of Minor: _____

Consent for COVID-19 Precautions

I have read and reviewed the COVID-19 Safety Policy. I agree to adhere to all protocols for COVID-19 safety including staying home when sick and wearing a mask at all time while in the studio.

Client Signature: _____ **Today's Date:** _____

Printed Name: _____

Consent for Cancellation Policy

I have read and reviewed the Cancellation Policy. I agree to provide 24 hours notice to cancel a session to avoid a late cancellation fee.

Client Signature: _____ **Today's Date:** _____

Printed Name: _____

doces massage + yoga
425.894.5884
docesmassageandyoga@gmail.com
docesmassageandyoga.com