# The Dharma Center

## Client Information

### PERSONAL INFORMATION

Name_____ Date_____

Address_____ Home Phone_____

_____ Work Phone_____

E-Mail_____ Cell Phone_____

Occupation_____ Employer_____

Date of Birth_____ Age_____

Emergency Contact/Phone Number_____

### MASSAGE TREATMENT INFORMATION

Have you had a massage previously?_____ How were you referred to us?_____

Are you allergic to any oil/lotions?_____ Do you object to scented oils/lotions?_____

Do you wear contact lenses?_____ Have you had any surgeries requiring pins, screws, metal plates or prosthesis? If so, where are they located?_____

What regular exercise do you do?_____

Area of chronic or recurrent tension/pain_____

Reason for massage treatment_____

### HEALTH HISTORY

Please list any health conditions you are receiving care for and the name(s) of your doctor(s)._____

Current medications and their purposes._____

Surgeries/Accidents/Injuries and
Date_____
_____
_____

Please check any conditions that apply.

_____Allergies
_____Fibromyalgia
_____Respiratory Condition
_____Arthritis
_____Fractures
_____Scoliosis
_____Bruises Easily
_____Headache/Sinus
_____Skin Conditions
_____Bursitis
_____Heart Condition
_____Tendonitis
_____Cancer/Tumors
_____Herniated Disc
_____Varicose Veins

_____Chronic Fatigue
_____High/Low Blood Pressure

Stress Level:
_____ High
_____ Medium
_____ Low

_____Constipation
_____Hypoglycemia
_____High Blood Sugar
_____Depression
_____Infectious Disease
_____Diabetes

_____Inflammation

_____Digestive Disorders
_____Insomnia
_____Pregnant
Number of Weeks:_____
_____Diarrhea
_____Joint Dislocation

_____Edema/Swelling

_____Neurological Condition
_____Other:
_____
_____
_____
_____
_____

I understand massage practitioners do not diagnose illness or disease, nor do they prescribe medical treatment. I acknowledge that massage is not a substitute to medical examination or diagnosis, and that it is recommended I see a primary health care provider for that service.

I have stated all medical conditions I am aware of and will update the massage therapist of any changed in my health status.

CLIENT SIGNATURE:_____ Date: _____

*The Dharma Center follows all HIPA laws and treats your personal information as such. If you would like any medical records released to or by The Dharma Center, you will need to fill out a release form. If you have any questions, please contact our Wellness Coordinator.*