CHAMPION MASSAGE

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Confidential Massage Therapy Information

Name ______________________________________ Email Address ___________________________________

Address____________________________________ City/State____________________ Zip_______________

Home Telephone__________________________ Work/Cell Phone__________________________________

Occupation_______________________________ Date of Birth______________________________________

Emergency
Contact____________________________________Hobbies/Interest___________________________________

Female Only:
Are you Pregnant?____________________ If yes, what trimester___________________

How did you hear about Champion Massage? Friend____________ Internet______ Business Card/Flier______

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Check any of the following that apply to you:

___Allergies	___Epilepsy	___High/Low BP	___Respiratory
___Arthritis	___Fatigue	___Insomnia	___Sciatica
___Blood Clots	___Headaches	___Numbness	___Scoliosis
___Diabetes	___Heart Condition	___Pacemaker	___Sinus

Have you had any accidents or surgeries (Please list when and what surgery was for)?

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Are you taking any prescribed medications?____

Are you under the care of a medical doctor?____

Is this your first professional massage? No____________ Yes______________

I understand that the massage/bodywork that I receive is provided for the basic purpose of relaxation and relief of muscular tension. I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all 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 forget to do so. It is also understood 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.

Client signature____Date_______________________