

# ADRIENNE LAW, LMT

## therapeutic massage

Your answers to the following questions will be kept confidential and are requested only so I may provide you with better care.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone (H/W): \_\_\_\_\_

\_\_\_\_\_ Phone (cell): \_\_\_\_\_

email address: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Occupation: \_\_\_\_\_

Have you received previous massage work? \_\_\_\_\_ If yes, was there anything specific (either positive or negative) that you would like me to bear in mind? \_\_\_\_\_

### CURRENT HEALTH

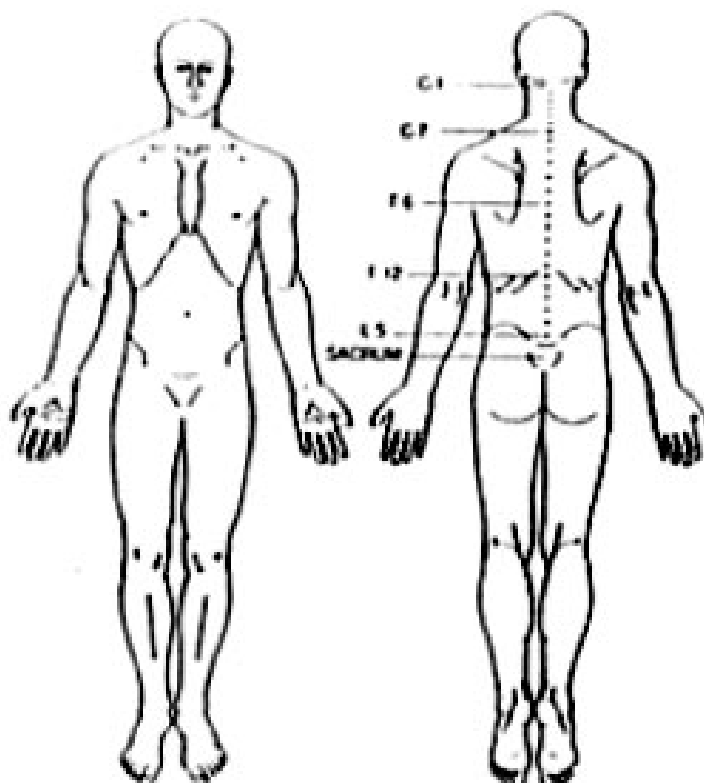
Exercise? (What/how often?) \_\_\_\_\_

Do you have allergies or sensitivity to oils, lotions or scents? \_\_\_\_\_

Pregnant? \_\_\_\_\_ If so, what trimester? \_\_\_\_\_ Any complications? \_\_\_\_\_

Are you currently under a doctor or therapist's care? \_\_\_\_\_

Where are you currently feeling pain or tension? Please mark on diagrams below:



**MEDICAL HISTORY**

Please check all/or any that apply.

- Allergies
- Asthma
- Blood Clots
- Broken/Fractured Bones
- Cancer Diabetes
- Edema (swelling)
- Fibromyalgia
- Headaches
- Heart attack
- High/low blood pressure
- Jaw Pain (TMJ)
- Numbness
- Osteoarthritis
- Osteoporosis
- Rheumatoid Arthritis
- Sciatica
- Skin disorders
- Slipped/degenerative/fused disc
- Tendon/ligament/cartilage tears
- Varicose veins

Any other health issues? Please specify: \_\_\_\_\_

Medications (Please list all): \_\_\_\_\_

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The services provided are not a replacement for medical or psychological care. Also any information provided is not prescriptive or diagnostic in nature and is for educational purposes only. By signing this form, I give Adrienne Law, LMT, permission to discuss information pertinent to my condition and treatment, with my other health care providers as necessary.

**Cancellation Policy**

The time of your massage appointment is reserved entirely for you and, therefore, cannot be filled by another client on short notice. Unless you have an emergency, please give 24 hrs. notice or pay the missed appointment fee.

Client's Signature \_\_\_\_\_ Date: \_\_\_\_\_