

Confidential Client Information Form

name _____ date _____

home tel: _____ cell: _____ e-mail: _____

address: _____

date of birth: _____ profession: _____ referred by: _____

emergency contact info: _____

are you currently taking medication? _____

describe any special medical conditions: _____

indicate if any conditions apply: _____ surgeries _____ spinal / disc problems _____ heart problems _____ high blood pressure

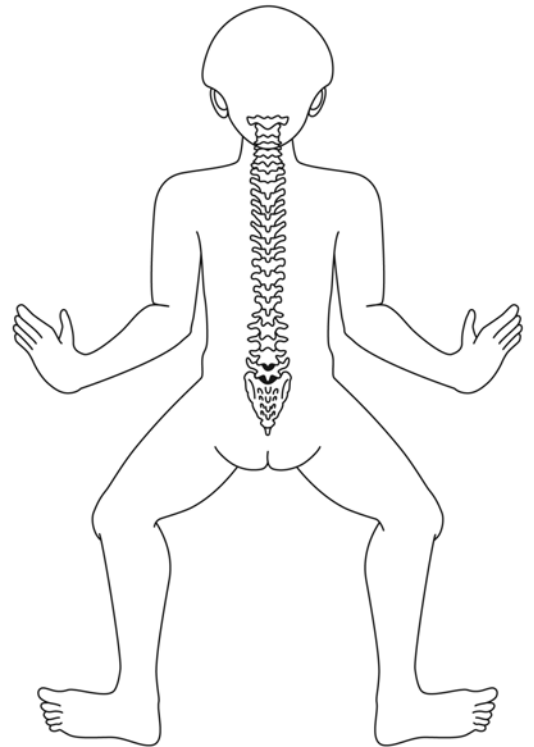
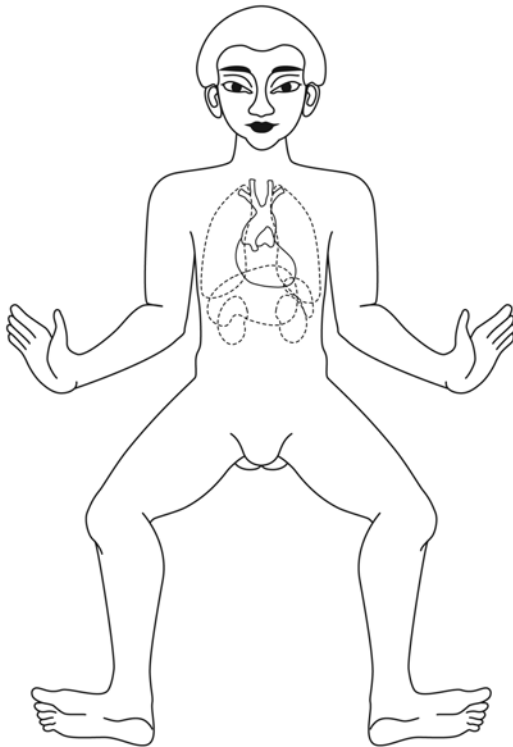
_____ osteoporosis _____ hernia _____ diabetes _____ arthritis _____ wear contact lenses _____ pregnancy

_____ back pain _____ neck pain _____ broken bones / fractures _____ constipation _____ diarrhea _____ other

describe in more detail any of the above conditions:

On the diagrams to the right, circle any problem areas, and indicate as follows:

tension "T"
pain "P"
surgeries "S"



continued next page..

Do you have any restrictions in movement? _____

Are there any movements or stretches you think may be harmful? _____

Do you generally like to hear music during a session? _____

Is it OK to use lightly scented lotion or balm on your face? _____

Do you have any other comments or requests? _____

Client consent and agreement — Please read and sign below

- It is agreed and understood that Thai massage therapy is intended for relaxation, and that it is not meant to diagnose, treat or remedy any illness, disease, injury, physical condition or mental disorder.
- Except in cases of emergency, I agree to pay for all sessions which are not cancelled at least 24 hours in advance.
- Traditional Thai bodywork is strictly non-sexual. Under extenuating circumstances, either party reserves the right to immediately terminate the session.
- I understand that the practice of all forms of body therapy are subject to local laws and ordinances.

signature _____

date _____

***** please do not write below this line *****

Practitioner's notes:

date (d-m-y)		total session time	
Session notes			

date (d-m-y)		total session time	
Session notes			