



702 K St. NE- Lower Level  
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## Healthy Motions® Massage Therapy

### THAI MASSAGE - CONFIDENTIAL CLIENT INFORMATION FORM

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

E-mail: \_\_\_\_\_  Yes. Please send me email newsletters with special offers.

How did you hear about us? \_\_\_\_\_

Occupation: \_\_\_\_\_ Stress Reduction/exercise activities \_\_\_\_\_

#### MEDICAL BACKGROUND

Do you have any of the following? (Please circle all that apply)

- |                                |                    |                         |                      |
|--------------------------------|--------------------|-------------------------|----------------------|
| Blood Clots*                   | Joint Replacement* | Neck/Back/Spine Problem | Difficulty Breathing |
| Pregnancy*                     | TMJ Syndrome       | Asthma                  | Surgeries            |
| Cancer*                        | Skin Disorders     | Osteoporosis            | Headaches            |
| Heart Attack/Conditions*       | Varicose Veins     | Seizures                | Infections           |
| High Blood Pressure*           | Fibromyalgia       | Bursitis                | Diabetes             |
| Stroke*                        | Arthritis          | Circulatory Condition   | Injuries             |
| Bulging, herniated, deg. disk* | Cold/Flu Symptoms  | Ulcers                  |                      |

\*condition may be a contraindication for Thai massage

Comments: \_\_\_\_\_

Please list any past accidents and surgeries: \_\_\_\_\_

Please list any medications that you are taking: \_\_\_\_\_

#### MASSAGE BACKGROUND

Have you ever received professional massage? \_\_\_\_\_ If yes, approximate number received: \_\_\_\_\_

Are you allergic/sensitive to any oils or creams? \_\_\_\_\_ If yes, what type: \_\_\_\_\_

Reason for Visit (circle all that apply): Relaxation      Pain Relief      Relaxation+Pain Relief

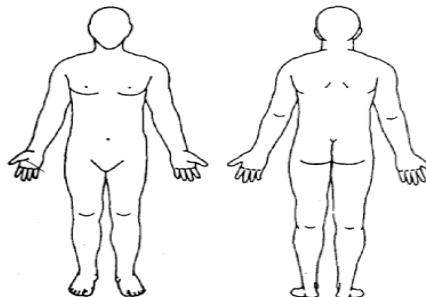
List specific areas of the body for Pain Relief work \_\_\_\_\_

Depth of pressure preferred (circle):    Light                                  Medium                                  Strong                                  Extra Strong

Therapeutic massage is non-sexual and can include work on the muscles of the scalp, face, abdomen, feet, and glutes.

Please list any areas of the body that you would prefer not be worked on: \_\_\_\_\_

On the figures, mark areas of pain/  
 tenderness/soreness with **P's** numbness/  
 tingling with **Z's**  
 swelling/stiffness with **S's**:



I understand that therapeutic massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment. Because therapeutic massage/bodywork should not be performed under certain circumstances, I affirm that I have stated all medical conditions of which I am aware and will inform my practitioner of any changes in my medical status.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Thai Massage Liability Release Form

You are about to become a client of Healthy Motions® Massage Therapy for the purpose of receiving Thai Massage and/or Thai Herbal Massage.

My certification to practice this art form is available for your inspection upon request.

Thai massage is not intended to cure, diagnose or treat any medical conditions and should not replace treatment, or consultation with a qualified physician or therapist.

On rare occasions, clients may have adverse reactions to Thai massage, the symptoms may include:

headaches,  
dizziness,  
muscle soreness,  
slight bruising, and  
allergic reactions to herbal products.

If hot herbs are being used there is the chance of slight burning. If you feel any of these symptoms at any time, please inform me, so that I can correct the situation or discontinue the massage.

By signing this release you agree not to hold me liable for any adverse affects of any treatment given to you. For your safety, please be sure to fill out my client intake form accurately.

Thai massage is an intimate art form, which requires the close contact of client and practitioner. I respect your privacy completely and remind you that **you remain in complete control of the massage at all times**. **If you feel uncomfortable at anytime, for any reason please inform me immediately so that I may take direct action to remedy the situation or discontinue the massage whatever you prefer.**

Your massage will be conducted in utmost confidentially. Your personal information as discussed during massage or on my client intake form will not be shared with anyone outside of Healthy Motions® Massage Therapy for any reason.

By signing this form you acknowledge that you have read and agreed to the above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_