

Therapeutic Massage by Leatha  
 1634 Avenue of the Cities  
 Moline, IL 61265  
 309-235-0263 cell phone

**NEW CLIENT INFORMATION:**

**Today's Date:** \_\_\_\_\_

Client's Full Legal Name \_\_\_\_\_

\_\_\_\_\_ Sex: Male \_\_\_ Female \_\_\_  
 Last First Middle Initial

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_  
 Street City State Zip

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ email: \_\_\_\_\_

Status: (check one) Single: \_\_\_ Married: \_\_\_ other: \_\_\_

Employment Status: (check one) Employed: \_\_\_ Retired: \_\_\_ Full-time student: \_\_\_

Employer's name: \_\_\_\_\_ Type of work: \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone number \_\_\_\_\_

Reason for seeking massage therapy \_\_\_\_\_

**Medical history** **Referral from :** \_\_\_\_\_

Have you had a massage before? \_\_\_\_\_

What are your goals for therapy? \_\_\_\_\_

**Current medications:**

Name of drug	Reason for taking it	Name of drug	Reason for taking it
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		Continue on back if needed	

**Please list all surgeries:**

\_\_\_\_\_

**Please check all that apply:**

Hearing impairment	Parkinson's / Alzheimer's	Heart disease
Headaches	Mental illness	High / low blood pressure
Neck pain	Depression	Pacemaker
Rib pain	Chronic pain	Fainting
Back pain	Numbness / tingling	Dizziness
Leg / foot pain	Stroke	Blood clots
Arm / hand pain	Rashes / sores	Varicose veins
TMJ / jaw pain	Skin sensitivities	Chronic coughing
Broken bones	Athlete's foot	Lung disease, asthma
Scoliosis (curve of spine)	Currently pregnant / trying	Shortness of breath
Fibromyalgia	Urinary leakage	Sinus problem
Bursitis	HIV / AIDS	TB
Arthritis	Kidney disease	Allergies
Osteoporosis	Cancer	Diabetes
Lymphedema / swelling	Thyroid condition	Others, please list

**Social history:**

Do exercise on a regular basis? What type? \_\_\_\_\_

**Amount of stress** (circle one):

At home      low      medium      high  
At work      low      medium      high

**Attendance policy:**

Massage therapy at Therapeutic massage by Leatha is by appointment only. In order to best serve my clients I schedule no more than five clients per day. This allows ample time before and after the massage for a relaxed and stress free experience. Due to high demand for my services there is often a waiting list of clients hoping to get an appointment for a variety of conditions including pain and high stress. If you are unable to attend your appointment, I may be able to accommodate another client needing treatment. Please provide a **24 hour notice** if you are unable to attend your scheduled massage therapy appointment. Failed appointments or those cancelled within 24 hours of your appointment will be charged a **\$30 cancellation fee**. Emergencies or weather cancellations will not be charged the cancellation fee. I look forward to working with you.

**Client Initials:** \_\_\_\_\_

**Consent to treat:**

I understand that massage is intended to enhance relaxation, reduce pain caused by muscle tension, increase range of motion, improve circulation, and offer a positive experience of touch. The general benefits of massage, possible massage contraindications, and the treatment procedure have been explained to me. I understand that massage therapy is not a substitute for medical treatments or medications, and that it is recommended that I concurrently work with my primary care giver for any condition I may have. I am aware that the massage therapist does not diagnosis illness or disease, does not prescribe medications, and that spinal manipulations are not part of massage therapy. I have informed the massage therapist of all my known physical, psychological, and medical conditions, and medication and will keep the massage therapist updated on any changes.

**Client signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_