

Montvale Health Associates

PLEASE PRINT LEGIBLY

Name _____ Email _____
Address _____ City/State/Zip _____
Phone: Home _____ Work _____ Cell _____ Birthday ___/___/___
Occupation _____ Referred to This Office By _____
In Case of Emergency Please Contact _____ Phone _____

General and Medical Information

Y N Have you ever had a professional massage? If yes, how often? _____

Y N Are you pregnant? If yes, how far along are you? _____

Y N Are you sensitive to touch/pressure in any area? (ticklish?) _____

Y N Are you allergic or sensitive to any oils (essential oils, nut oils, scents)? If yes, please list:

List of current medications and reason: _____

List of surgeries (type and date): _____

Indicate Areas of Pain/Tension:

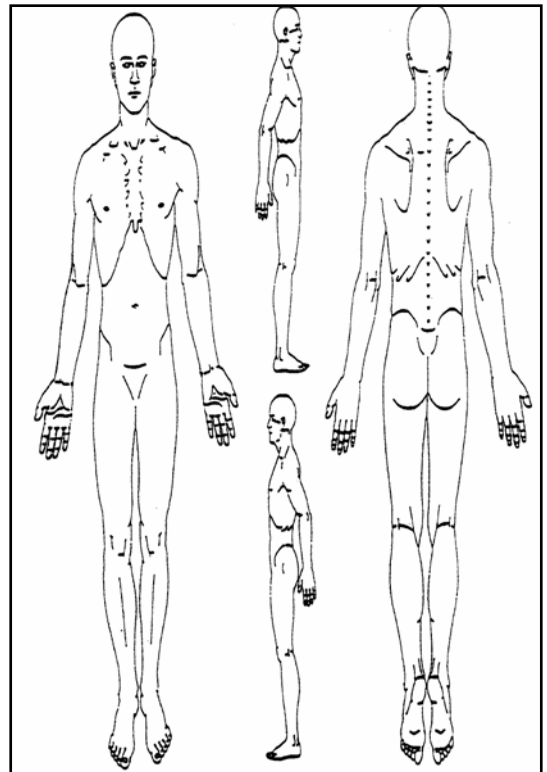
On a scale from 1-10, 10=highest, rate your levels of:
Stress _____ Pain _____ Energy _____
How did your symptoms begin and when did they start?

What have you done for relief? _____

Is the condition getting better/worse? _____

Please check all that apply:

- Skin condition-rash, warts, hives, skin cancer, other _____
- Lymphatic condition-swollen gland, nasal congestion, lymph edema
- Joint problems/stiffness-arthritis, sacroiliac problems, TMJ, other
- Bone Condition-osteoporosis, fracture, other _____
- Headaches
- Recent injury or accident-whiplash, sprain, bruise, other _____
- Circulatory Condition-high blood pressure, varicose veins, blood clots
- Numbness/Tingling, Sciatica
- Tendonitis, Bursitis
- Diabetes



Please mark in the diagram above any areas where you have pain or discomfort.

Massage Client Waiver Form

Please take a moment to read and initial all of the following statements:

If I experience pain or discomfort during the session, I will immediately inform my therapist so that pressure/strokes can be adjusted to my level of comfort. I will not hold my therapist responsible for any pain or discomfort I experience during or after the session.

I understand that the services offered today are not a substitute for medical care. I understand that my therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat physical or mental illness.

I affirm that I have notified my therapist of all known medical conditions and injuries.

I agree to inform the therapist of any changes in my health and medical condition. I understand that there shall be no liability on the therapist's part should I forget to do so.

I understand that massage is entirely therapeutic and non-sexual in nature.

By signing this release, I hereby waive and release my therapist from any and all liability, past, present, and future relating to massage therapy and bodywork.

I understand that should I cancel an appointment less than 24 hours before the scheduled time or "no show" an appointment, I am subject to a fee equal to the cost of the missed appointment. This fee is monetary & can't be taken as an additional "punch" off a massage package card. If the appointment was booked under a gift certificate, it will be voided in lieu of the fee.

Information and Suggestions

- Prior to your massage, please remove contact lenses and all jewelry. Pull long hair back with a clip or band.
- In general, massage is given while you are unclothed. However, you may choose to wear undergarments or a swimsuit. You will be covered with a top sheet throughout your session. This is your massage and you should be as comfortable as possible.
- Feel free to ask your therapist any questions before, during, or after the session. Your therapist is a highly trained professional and will be happy to make you feel informed and comfortable.

I have received the policy statement, and have read and agree to the policies therein.

Client name: _____

Client signature: _____

Date: _____

Therapist signature: _____

Montvale Health Associates
305 West Grand Avenue
Montvale, NJ 07645
(201)-391-8282

Check the following conditions that apply to you, past and present. Please add your comments to clarify the condition.

Musculo-Skeletal

- Headaches
- Joint stiffness/swelling
- Spasms/cramps
- Broken/fractured bones
- Strains and sprains
- Back, hip pain
- Shoulder, neck, arm, hand pain
- Leg, foot pain
- Chest, ribs, abdominal pain
- Problems walking
- Jaw pain/TMJ
- Tendonitis
- Bursitis
- Arthritis
- Osteoporosis
- Scoliosis
- Bone or joint disease
- Fibromyalgia
- Other: _____

Circulatory and Respiratory

- Dizziness/ lightheadedness
- Shortness of breath
- Fainting
- Cold feet or hands
- Lymphedema
- Swollen Ankles
- Pressure sores
- Varicose Veins
- Blood clots
- Stroke
- Heart Condition
- Cerebral Palsy
- Sinus problems
- Asthma
- High blood pressure
- Low blood pressure
- Diabetes
- Other: _____

Skin

- Rashes
- Allergies
- Athlete's Foot
- Warts
- Moles
- Acne
- Cosmetic Surgery
- Other: _____

Digestive

- Nervous stomach
- Indigestion
- Constipation
- Intestinal gas/bloating
- Diarrhea
- Diverticulitis
- Irritable bowel syndrome
- Crohn's Disease
- Adaptive aids
- Other: _____

Nervous System

- Numbness/tingling
- Twitching of face
- Fatigue
- Chronic Pain
- Sleep Disorders
- Ulcers
- Paralysis
- Herpes/Shingles
- Spinal Cord Injury
- Epilepsy
- Chronic Fatigue Syndrome
- Multiple Sclerosis
- Muscular Dystrophy
- Parkinson's disease
- Other: _____

Reproductive System

- Pregnancy:
 Currently Previously
- PMS
- Menopause
- Pelvic Inflammatory Disease
- Endometriosis
- Other: _____

Other

- Cancer Current Remission
- Diabetes
- Depression
- Drug Use _____
- Alcohol Use _____
- Nicotine Use _____
- Caffeine Use _____
- Hearing impairment
- Visual impairment
- Infectious Disease _____

Surgeries _____

Signature: _____ **Date:** _____

Print Name: _____