



Nephew Massage Services  
91 Douglas Ave, Suite 140 Holland, MI 49424

Client Information Forms  
Please complete and sign

**PERSONAL INFORMATION**

Name \_\_\_\_\_

Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Birth-date \_\_\_\_\_ Occupation \_\_\_\_\_

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

Primary care doctor \_\_\_\_\_ Phone \_\_\_\_\_

Permission to consult with doctor? Yes No

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**TREATMENT INFORMATION**

What is your major reason for wanting massage today? \_\_\_\_\_

\_\_\_\_\_

Other areas of pain or concern? \_\_\_\_\_

\_\_\_\_\_

When did you first notice major concern? \_\_\_\_\_

What brought it on? \_\_\_\_\_

What aggravates it? \_\_\_\_\_

Is condition getting progressively worse? Yes No Constant Comes and goes

What have you done to get relief? \_\_\_\_\_

Has there been a medical diagnosis? Yes No If yes, what was it? \_\_\_\_\_

\_\_\_\_\_

Have you ever had any operations? \_\_\_\_\_

\_\_\_\_\_

Have you ever broken any bones? \_\_\_\_\_

\_\_\_\_\_

Have you ever had any serious injuries? \_\_\_\_\_

\_\_\_\_\_

Have you ever had any serious illnesses? \_\_\_\_\_

\_\_\_\_\_

**Nephew Massage Services**



## TREATMENT INFORMATION CONT...

Do you currently have trouble with any of the following?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Headaches        | <input type="checkbox"/> Back Pain            | <input type="checkbox"/> Digestion Problems  |
| <input type="checkbox"/> Light Headedness | <input type="checkbox"/> Neck Pain            | <input type="checkbox"/> Constipation        |
| <input type="checkbox"/> Dizziness        | <input type="checkbox"/> Shoulder Pain        | <input type="checkbox"/> Allergies           |
| <input type="checkbox"/> Sinus Trouble    | <input type="checkbox"/> Carpal Tunnel        | <input type="checkbox"/> Arthritis           |
| <input type="checkbox"/> Asthma           | <input type="checkbox"/> Painful Joints       | <input type="checkbox"/> Depression          |
| <input type="checkbox"/> TMJ Dysfunction  | <input type="checkbox"/> Chest Pains          | <input type="checkbox"/> Chronic Fatigue     |
| <input type="checkbox"/> Whiplash         | <input type="checkbox"/> High Blood Pressure  | <input type="checkbox"/> Anxiety/nervousness |
| <input type="checkbox"/> Slipped Disc     | <input type="checkbox"/> Low Blood Pressure   | <input type="checkbox"/> Scoliosis           |
| <input type="checkbox"/> Pinched nerves   | <input type="checkbox"/> Irregular Heart Beat | <input type="checkbox"/> Fibromyalgia        |

Please describe conditions listed above... \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## CLIENT AGREEMENT

It is my choice to receive Massage Therapy. I realize that the treatment being given is for the well being of my body and mind. I agree to notify my practitioner any time I am not pleased or comfortable with the work that I am receiving.

I understand that Massage Practitioners do not diagnose illness, nor do they prescribe medical treatment, pharmaceuticals or perform spinal manipulations. I acknowledge that massage is not a substitute for medical examination or diagnosis.

I understand that any illicit or sexually suggestive remarks or advances made by me will result in the immediate termination of the session, and I will be liable for the payment of the scheduled appointment.

I agree to pay for all services at the time they are rendered unless prior arrangements have been made. I am aware that Nephew Massage Services requests 24 hours notice if I must cancel or reschedule an appointment. If less than this notice is given, I understand that a \$25 fee will be charged to me for missed appointments.

I have stated all medical conditions that I am aware of and will update the Massage Practitioner of any changes in my health status.

I certify that I have read and understand the above paragraphs. I have completed this form to the best of my knowledge and find the information to be true and accurate.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

**Nephew Massage Services**



## CONSENT TO TREAT A MINOR

By my signature below, I, \_\_\_\_\_, hereby authorize administration of  
massage/bodywork therapy to my (relationship to child/dependent) \_\_\_\_\_,  
(Name of Child) \_\_\_\_\_, as the therapist deems necessary.

## PARENT OR LEGAL GUARDIAN'S AUTHORIZATION

GUARDIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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