

Recovery Relief Reconnect

Massage Therapy

Nicole Forge C.M.T

Name: _____ DOB: _____

Phone Number: _____ Home Mobile Work

Alternate Number: _____ Home Mobile Work

Address: _____ City: _____ Zip: _____

Email Address: _____

Emergency Contact: _____

Relationship: _____ Phone Number(s): _____

How did you hear about us? _____

Reason/Chief Complaint for seeking treatment _____

Occupation _____

When was your Last Massage? _____

Current Medications/Herbs/Supplements/Vitamins

Reason for Taking

Major Illnesses, Injuries or Surgeries

Dates

Allergies (most importantly nuts)

PERSONAL MEDICAL HISTORY:

- | | | | |
|--|------------------------------------|---|--|
| <input type="checkbox"/> Carpal Tunnel | <input type="checkbox"/> Bursitis | <input type="checkbox"/> Joint/ Disc Problems | <input type="checkbox"/> TMJD |
| <input type="checkbox"/> MS | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Fibromyalgia |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Scoliosis | <input type="checkbox"/> Cancer | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Alcoholism/Addiction | <input type="checkbox"/> Auto-Immune |
- Specify: _____

EXERCISE & TYPE OF EXERCISE:

Stretching: Little Moderate Heavy

Aerobic Weights Yoga/Pilates None/Other

HEADACHES:

Headaches Dizziness Faints Easily Vertigo
 Migraines Poor balance Motion sickness Head Trauma

PAIN:

Low back Shoulder Muscle weakness Hips
 Middle back Hands/wrists Muscle cramps Knees
 Upper back Feet/ankles Muscle spasm/twitch Nerve
 Sciatica Neck Scalp Spine

Are you or might you be pregnant? Yes No Maybe If yes, answer the following:

Is this your first pregnancy? _____

How many weeks? _____

Are you receiving prenatal care? _____

Questions/concerns about how you are feeling?

MASSAGE PREFERENCES:

Hands/Feet : Yes No

Pectorals: Yes No

Gluteal Area: Yes No

Abdomen : Yes No

Head/Face: Yes No

Pressure: Light Firm Deep

Thank you for your time! Payments can be made by cash, check or credit card and will be collected at the end of each session.

Nicole Forge C.M.T, R.Y.T
Recovery Relief Reconnect
nicoleforge@gmail.com
303-880-2479

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/ bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

Client Signature _____ Date _____

Consent to Treatment of Minor: By my signature below, I hereby authorize Nicole Forge to administer massage and/or bodywork techniques to _____, my child or dependent, as they deem necessary.

Signature of Parent or Guardian _____

Date _____