Laura
LOCHBAUM

*Licenced Massage and Bodywork Therapist*

Name: _____ Date: _____

Address: _____ Phone: _____

Email: _____ Birth Date: _____

Emergency Contact: _____ Referred by: _____

Occupation: _____

Is this your first professional massage?_____

In what type of exercise do you regularly engage? _____

Are you currently under the care of a physician, chiropractor, or mental health professional for a specific condition? _____

Please list any medications you are currently taking:_____

| | | |
|---|---|---|
| __ Major Accidents or Surgeries | __Artificial Joints | __ TMJ |
| __ Allergies or Sensitivities | __Arthritis | __ Bursitis |
| __ Heart Conditions | __Varicose Veins | __ Seizures |
| __ Pregnancy | __Carpal Tunnel | __AIDS/HIV |
| __ Bone Breaks or Fractures | __Sinus Issues | __Whiplash |
| __ High or Low Blood Pressure | __Osteoporosis | __ Pacemaker |
| __ Artificial Joints | __Bruise Easily | __ Headaches |
| __ Rashes, Lesions, Poison Ivy | __Tumors/Cysts | __Diabetes |
| __ Chronic Pain | __Fibromyalgia | __ Cancer |
| __ Numbness or Tingling | __Sprains/Strains | __Contagious Diseases |

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief from muscular tension. If I experience pain or discomfort during the session, I will immediately inform the practitioner. I further understand that the massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment. I understand that massage/bodywork therapists are not qualified to diagnose, prescribe, or treatphysical or mental illness, and that nothing said during the course of the session should be construed as such.Massage/bodywork should not be preformed under certain medical conditions, and I affirm that I have stated all myknown medical conditions and medications. I agree to keep the practitioner updated as to any and all changes in mymedical profile and that there is no liability on the part of the practitioner if I fail to do so. I forever release Laura Lochbaum from liability for any injury or damage which may occur as a result of the treatment rendered.

Signature:_____ Date:_____

Signature of Parent or Legal Guardian:_____