Rebecca Siegfried, L.M.T. #5606 – 301 NE Dunn Place, McMinnville, OR 97128 – 503.472.6550

Personal Health Information

Name: _____ **Date:** _____
Address: _____ **Phone:** _____
City/State/Zip: _____
Birthday: _____ **Occupation:** _____
Emergency Contact: _____ **Phone:** _____
E-mail: _____

Massage History/Treatment Information

Have you ever received a professional massage? _____ Yes _____ No
What results do you want from your massage sessions? _____
_____

Please check the areas of your body that you give permission to receive a massage:
_____ Head _____ Neck _____ Back _____ Arms _____ Hands _____ Buttocks _____ Legs
_____ Feet _____ Chest _____ Abdomen _____ Face or Other _____

Are you currently seeing a medical doctor? ____ Yes _____ No
Please explain if yes: _____
_____

Are you pregnant? _____ Yes _____ No
If yes, how far along? _____

Previous History

Surgeries: _____
_____

Accidents: _____
_____

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It is my choice to receive massage therapy. I realize that the treatment is being given for the well-being of my body and mind. This includes stress reduction, relief from muscular tension, spasm or pain, or for increasing circulation or energy flow. I agree to communicate with my practitioner any time I feel like my well-being is being compromised.

I understand that massage practitioners do not diagnose illness, disease, or any physical or mental disorder, nor do they prescribe medical treatment, pharmaceuticals, or perform spinal thrust manipulations. I acknowledge that massage is not a substitute for medical examination or diagnosis, and that it is recommended that I see a primary health care provider for that service.

I have stated all medical conditions that I am aware of and will update the massage practitioner of any charges in my health status.

Please call 24 hrs. in advance to cancel an appointment. Non-cancelled appointments will be charged $30.00.

For the benefit of our massage clients, if you are late for your massage you may have to be rescheduled.

SIGNATURE: _____ DATE: _____