



KAMA'AINA CLIENT INFORMATION

Name: _____

Mobile Number: _____ DOB _____

Email (print clearly): _____

Address: _____ City/State/Zip: _____

Emergency Contact: _____ Relation: _____ Phone: _____

How did you hear about Kailua Massage Therapy? _____

Past injuries or surgeries: _____

Current pain or chronic conditions: _____

Do you have or have you ever had any of the following conditions/illnesses/disorders? (indicate all that apply)

- | | | | |
|--------------------------------|----------------------------|-------------------------------|----------------------------------|
| <i>Inflammations</i> | <i>Cancer</i> | <i>Arthritis/tendonitis</i> | <i>Skin Disorders</i> |
| <i>Tingling/numbness</i> | <i>Muscle/Joint Pain</i> | <i>Headaches/migraines</i> | <i>Digestive Disorders</i> |
| <i>High/Low Blood Pressure</i> | <i>TMJD</i> | <i>Glasses/Contact lenses</i> | <i>Respiratory Disorders</i> |
| <i>Phlebitis</i> | <i>Fibromyalgia</i> | <i>Joint Replacement</i> | <i>Nervous system Disorders</i> |
| <i>Hemophilia</i> | <i>Osteoporosis</i> | <i>Circulatory Disorders</i> | <i>Reproductive Disorders</i> |
| <i>Diabetes</i> | <i>Infectious diseases</i> | <i>Eliminatory Disorders</i> | <i>Endocrine Syst. Disorders</i> |

Feel free to elaborate on any of the above or add new _____

Pregnant? Y N How far along: _____ Due date? _____ Doctor indicate massage? Y N

Allergies / skin sensitivities: _____

Medications currently prescribed and their purpose (purpose is more important than the name, use back of form if necessary):

Physicians and/or other wellness practitioners on your team: _____

Have you had a professional massage before? Y N Preferred pressure: __ light __ medium __ firm

What do you wish to accomplish from massage therapy? _____

What is your profession and/or Industry? _____

Do you ever experience physical discomfort at work? If so, how? _____

Do you have any sunburn or healing body modifications that your therapist should be aware of? Y N _____

Any hobbies or physical activities you do on a regular basis (gym visits, sports, gardening, and weekend warrior stuff)

CAREFULLY READ THE POLICY/CONSENT AGREEMENT THEN SIGN & DATE AT THE BOTTOM.

- I understand that if I need to cancel in the future, I should give at least 24 hours' notice - I may be charged up to 50% for a missed appointment if I cancel in less time
- If I forget or consciously choose to forgo my appointment for whatever reason, it's considered a "no-show," and I will be charged the full amount for my missed appointment. Future service may be denied until payment is made
- I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscle tension
- If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure/strokes may be adjusted to my comfort level
- I further understand that the bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a qualified medical specialist for any mental or physical ailment of which I am aware
- I understand that the bodywork practitioners are not qualified to diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the session should be construed as such
- 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 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 full payment of session

Signature: _____ date: _____

MAHALO!