An accurate health history is important to ensure that it is safe for you to receive massage treatment or personal training. If your health status changes in the future, please let us know. All information gathered on this form is confidential. Your written authorization is legally required before any of this information can be released.

Last Name First Name

Home Address City/Town

Province/State Postal code

Tel # (Home) Tel # (Mobile)

Email Address

DOB (yyyy-mm-dd)

Occupation Height – Weight

How did you hear about the clinic:_____

Reason for visit today:_____

How long have you had this problem:_____

What seems to make it better:_____worse:_____

Are you seeing a physician:_____If yes, for what:_____

Who is your physician:_____

Can I contact him/her about your treatment? YES NO

Are you receiving treatment from any other professional? YES NO

If YES, Explain:_____

Are you presently on any medications? YES NO

Is YES, please explain:_____

Have you had a massage before? YES NO

Respiratory
_Chronic cough
_Shortness of breath
_Bronchitis
_Asthma
_Emphysema
_Sleep Apnea

Cardiovascular
_High blood pressure
_Low blood pressure
_CCHF
_Heart attack
_Phlebitis
_Stroke/CVA
_Pacemaker or similar devise

Soft Tissue/Joint Discomfort
_Neck
_Low back
_Mid back
_Upper back
_Shoulders
_Arms
_Legs
_Knee
_Other

Other Conditions
_Loss of sensation
_Diabetes
_Allergies
_Epilepsy
_Cancer
_Arthritis
_Edema

Head/Neck
_Vision problems
_Vision loss
_Ear problems
_Hearing loss
_Headaches

Infections
_Hepatitis
_Tuberculosis
_ Skin Condition
_HIV

Women
Pregnant: YES NO
How many weeks:_____
Due:_____

Have you had any surgery in the past 5 years? YES NO

What was done?_____ When?_____

Have you had any accidents, injuries, or trauma in the past 5 years? YES NO

Please describe what happened:_____

_____

How are your sleep patterns?_____

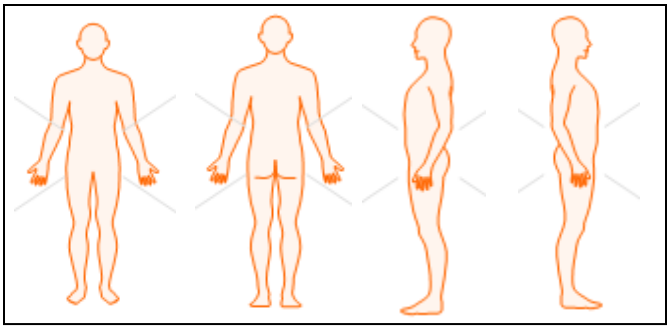
Do you have difficulty lying on your back/ front? YES NO

Explain: _____

Do you have any other health problems or information? YES NO

Explain:_____

Please Indicate, with a circle, which areas you are experiencing any soreness or issues:



Please Read and *Initial* next to each box

24 hour Cancellation and Missed appointment policy

_____when you book an appointment, that time is set aside for you, and missed appointments prevent us from accommodating other clients. Please understand that therapists and trainers only get paid when they deliver a service. **If you do not show up for your scheduled appointment, and you have not notified us at least 24 hours in advance, you will be required to pay the full cost of the treatment as booked.**

_____I understand that missed appointment fees are not covered by my insurance plan.

If an emergency situation arises, please let us know so that we can treat your specific situation with personal attention. We recognize that there are circumstances that are out of your control (sudden illness, family emergencies, etc.) and your therapist may make an exception to the above policies on those rare occasions.

Client Waiver

_____I verify that all information is correct and current to the best of my knowledge. I understand that any information provided is for safety purposes and will be kept strictly confidential.

_____I hereby give my consent to receive massage services and personal training and/or other bodywork or treatment (the "Services") from True Touch Massage Therapy & Fitness, and I acknowledge and agree that I am doing so at my own risk. My health and safety with respect to such services are my sole responsibility. My decision to receive services from True Touch Massage Therapy & Fitness is voluntary, and I know of, understand and assume any and all the risks associated therewith.

_____In exchange for receiving services from True Touch Massage Therapy & Fitness, I, for myself and on behalf of my heirs, executors, administrators and personal representatives, hereby waive, release, discharge and hold harmless True Touch Massage Therapy & Fitness, its members, officers, employees and agents from any and all liability for any and all injuries, damages or claims relating to or resulting from my receipt or services, now or in the future, foreseen or unforeseen. Further, I will indemnify and hold True Touch Massage Therapy & Fitness, its members, officers, agents and employees, harmless from and against any and all claims, rights, damages, liabilities, losses, costs and expenses (including reasonable attorneys' fees) arising from or in connection with any injuries to other persons or damage to property caused by or attributed to me.

Client Authorization

I acknowledge that I have read, and understand; the 24 hour and missed appointment policies; the release and indemnification provisions set forth in the preceding paragraphs, and agree to such terms.

Signature **Date**