

Name: \_\_\_\_\_ Email address: \_\_\_\_\_  
Mobile Number: (\_\_\_\_) \_\_\_\_\_ Mobile Carrier: \_\_\_\_\_ ex: ATT, Sprint, Verizon etc.  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Home Telephone Number: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Number: (\_\_\_\_) \_\_\_\_\_  
How to hear about us? \_\_\_\_\_ Referral from: \_\_\_\_\_

**Please take a moment to read the following information. If you have a specific medical condition or specific symptoms, your session may be contraindicated. A referral from your primary care provider may be required prior to service being provided.**

**Have you ever had a professional Massage, Reflexology, Reikki Session, Cranial Release Technique or BioMatSession?**

\_\_\_\_\_  
**Please list any existing medical conditions you may have and are being treated for such as: Head or Spine Fractures, Migranes, Frequent Headaches, Allergies, High Blood Pressure, Cancer or Post Cancer Treatments, Diabetes, Autoimmune Disease or Contagious Disease, Joint Issues, Bone Density Issues, Varicose Veins, Pacemaker, Difibulator, Any Organ Transplants or any Recent surgeries in the past 2 years: If so, please explain:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Are you on Cortisone or steroid injections? \_\_\_\_\_ Do you take blood thinning medication? \_\_\_\_\_ Do you have any areas of concern? Are you experiencing any Pain? \_\_\_\_\_**

**Please list any areas of concerns:**

\_\_\_\_\_  
\_\_\_\_\_  
**What kind of pressure do you prefer?**

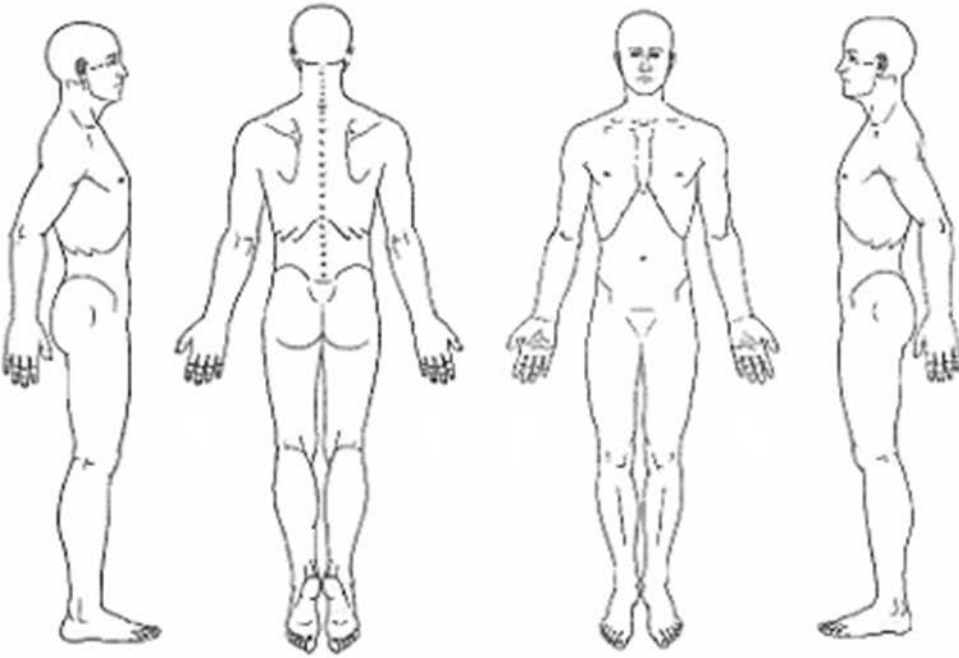
**Light \_\_\_\_\_ Medium \_\_\_\_\_ Firm \_\_\_\_\_ DeepTissue \_\_\_\_\_**

**I release Therapeutic Touch, the massage therapist, Certified CRT Practitioner, management, staff from any and all liability associated with any injuries and/or current or future conditions resulting from the procedures. \_\_\_\_\_ (initial here)**

**By signing below, I certify that I have read and fully understood the contents of this consent form, and that the information I provided above are complete, accurate, and up-to-date to my knowledge.**

**Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

*Client's Name:* \_\_\_\_\_ *Date:* \_\_\_\_\_



*Notes:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

