

## New Client Form

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### Contact Information

Name \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home/Cell) \_\_\_\_\_ Phone (Work) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

Primary Physician's Name \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

How did you hear about UIC Campus Recreation's Massage Therapy?

Website  Friend  Social Media  Other \_\_\_\_\_

### Massage Therapy Goals

Is this your first time receiving a professional massage?  Yes  No If no, how frequently do you get massages? \_\_\_\_\_

What is your goal (s) for today's session? \_\_\_\_\_

Is there any area (s) that you want the therapist to focus on? \_\_\_\_\_

Is there any area (s) that you would prefer not to have addressed? \_\_\_\_\_

### Exercise History

Do you exercise regularly?  Yes  No If yes, type of exercises \_\_\_\_\_

Frequency (times per week) \_\_\_\_\_ Duration of each session \_\_\_\_\_

Have you ever experienced an exercise related injury?  Yes  No If yes, please describe \_\_\_\_\_

Do you participate in any other activities that involve repetitive motions?  Yes  No If yes, please describe \_\_\_\_\_

Is there any other information that the therapist should know? \_\_\_\_\_

### Late Arrival/Cancelation Policy

If you arrive late to your scheduled appointment, you forfeit the time missed and are responsible for paying for the entire session.

If you need to cancel or reschedule your appointment, we require 24-hour notice. If you fail to call with 24-hours notice or do not arrive for your scheduled appointment two times, for your third appointment, you will be required to pay for your massage session before being able to schedule a future appointment.

## General Health History

Condition	Yes	No	If yes, please describe (include dates)
Allergies (lotions/oils/seasonal/medical)			
Any bone, joint or spine injury			
Arthritis			
Cancer			
Diabetes			
Flat Feet			
Headaches/Migraines			
High Blood Pressure			
Medicines			
Muscular injuries/illnesses			
Muscular pain at rest			
Muscular weakness			
Painful Joints			
Pregnant			
Seizures			
Sinusitis			
Skin Disorders/Rashes			
Spinal Problems			
Surgical Procedures			
Swollen Joints			
Varicose Veins			
Other			

All information on this form or discussed with your therapist will be treated confidentially. In order to maximize the effectiveness and safety of the massage sessions, please give feedback during and after your sessions. UIC Campus Recreation Massage Therapy is a professional service offering relief from muscular tension, at no point should you feel uncomfortable. Please immediately report discomfort of any kind (room temperature, music volume, etc.) to your therapist.

I understand that this work does not constitute medical treatment. It is a form of health and wellness maintenance utilizing the techniques of massage therapy. I have filled this form out honestly and each answer is true to the best of my knowledge. I take responsibility for alerting my therapist to any physical or emotional conditions or changes that would affect my appointment.

Signature \_\_\_\_\_ Date \_\_\_\_\_