



Client History Form

All information provided is completely
Confidential

Name: _____ **Date of Birth:** _____

Address: _____ **Occupation:** _____

Where do you work? _____

Tel: _____ **Mob:** _____ **Email:** _____

How did you find out about Maintain?

Advertising / Signage / Friend / Work / Event (Which one)

Referral (Who?): _____

Do you have any of the following conditions (please circle)

Allergies	Dizziness	Numbness/Tingling
Asthma	Skin Conditions	Arthritis
Breathing Problems	Easy Bruising	Fluid Retention
Blood Clots	Cold/Flu	Pregnancy
High / Low Blood Pressure	Viral Conditions	Operations
Heart Disorder	Vision Problems	Headaches/Migraines
Whiplash	Bone Fractures	Muscular Aches
Stress	Sleep Disturbance	Pain

Please fill in Below

Medication any?
Water intake (How much per day)
Coffee/ Tea
Do You smoke Cigarettes?

Have you ever had a massage before?

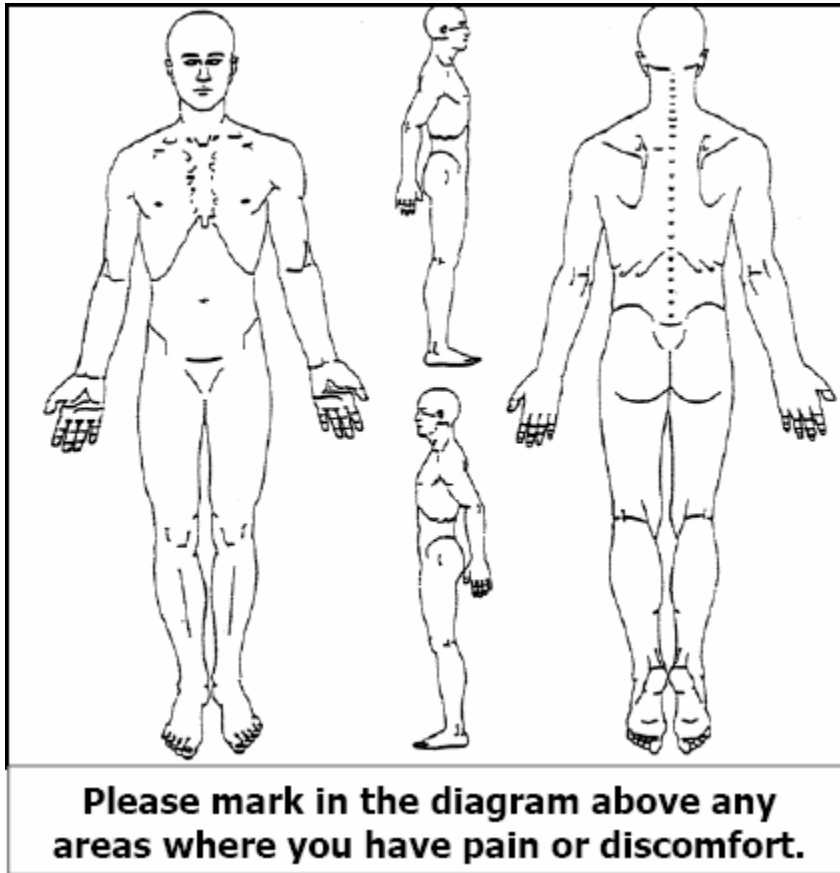
Are you sensitive to touch (pressure)?

What are your goals for this session?

Current issue/injury requiring treatment:

Sports/Exercise/Recreation: ie running, swimming etc

PTO..



Cancellation Policy:

We require at least 12 hours notice to cancel an appointment. Our policy is to charge the full amount of the booking made if you do not show up for your appointment or if you cancel with less than 12 hours notice.

This massage should feel comfortable. If at any time you experience pain or discomfort, please let your practitioner know.

I understand that massage therapy is designed to be a health aid and does not take the place of a doctors or physiotherapists care

Signed:

Date: