

TRIGGER POINT THERAPY - CLIENT INFORMATION FORM

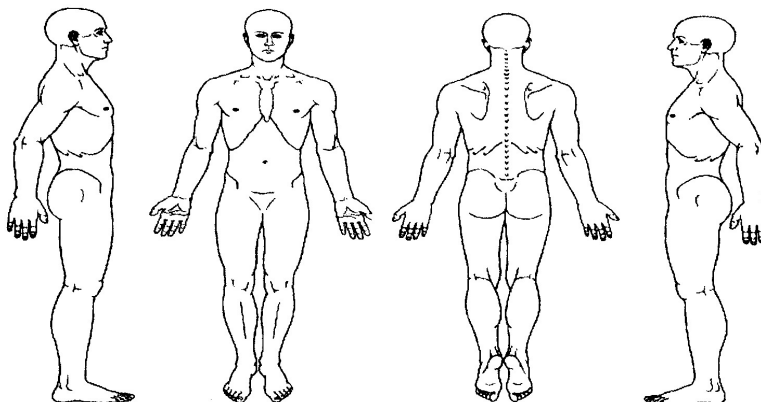
First Name, MI, Last Name			
Address	City	State	Zip Code
Primary Telephone	Alternate Telephone	Emergency Contact/Telephone	
Occupation	Employer	Birthdate	
Are you currently under the care of a medical doctor, chiropractor, or other practitioner? If yes, Name/Phone Number:			
Have you had a professional massage? When? Primary reason for this visit (relaxation, pain, muscle therapy, etc.)			

Check all that apply to you:

- | | | |
|--|--|--|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Asthma/breathing problems | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Heart problems | <input type="checkbox"/> Sensitive to pressure/touch | <input type="checkbox"/> Pregnant |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Blood clots | <input type="checkbox"/> Experience headaches |
| <input type="checkbox"/> Numbness | <input type="checkbox"/> Wear contacts/dentures | <input type="checkbox"/> Have or had cancer |
| <input type="checkbox"/> Spinal problems | <input type="checkbox"/> Varicose veins | <input type="checkbox"/> High stress/tension areas |
| <input type="checkbox"/> Skin condition/rash | <input type="checkbox"/> Recent injuries, illnesses | <input type="checkbox"/> Other: _____ |

Any other medical conditions not specified above? If so, please explain:

Use the diagram below to indicate areas of tension, pain, and/or any areas to avoid:



I, _____, understand that the Trigger Point therapy given here is strictly for the purpose of stress reduction, relief from muscular tension, or the increasing circulation. I understand that the massage therapist does not diagnose illness, disease, or any other physical or mental disorder. As such, the massage therapist prescribes neither medical treatment nor pharmaceuticals, nor performs any spinal manipulations. It has been made very clear to me that this Trigger Point therapy is not a substitute for medical examinations and/or diagnosis and that it is recommended that I see a physician for any physical ailment I have. Understanding that massage and Trigger Point therapy is contraindicated (should not be done) under certain medical conditions, I affirm that I have stated all known medical conditions and answered all questions honestly. I understand that I will remain clothed during the session. I understand that if I am uncomfortable for any reason, I may ask the therapist to end the therapy and the session will cease. I, the undersigned, do hereby release Tracy Dulock of any and all liability pertaining to any present or future physical or mental condition that I may have. Complaints can be directed to the Texas Department of State Health Services, Massage Therapy Registration Program, 1100 West 49th Street, Austin, TX 78756, (512) 834-6616.

Client Signature: _____

Date: _____

Therapist Signature: _____

Date: _____