Indigo Massage, Inc.

Client History/Release Form

Name: _____

Address: _____

Contact number: _____ email: _____

Emergency contact name & number: _____

Date of Birth: _____

How did you hear about Indigo Massage? _____ If friend, who? _____

Is this your first professional massage? _____ Do you like light, firm, or deep pressure? _____

Do you have any allergies or asthma? _____

Are you taking any medications? _____ If yes, please list: _____

Any recent surgeries or physical trauma? _____

Have you been diagnosed with any specific medical conditions? _____

Please circle any condition you are CURRENTLY experiencing from the list below:

Arthritis/type:_____ Bursitis/where:_____

Tendonitis/where:_____ Plantar fasciitis, L/R

Tingling/numbness/where: _____ Pain, Acute/Chronic: (where)_____

Headaches/migraines TMJ issues Rotator Cuff issues

Carpal Tunnel Syndrome/Surgery Herniated disc/back surgery

Diabetes Blood clots High/low blood pressure Insomnia

Heart/cardiovascular condition/explain: _____

Osteoporosis Cancer Skin condition/explain:_____

Urinary issues/explain:_____ Constipation/diarrhea Epilepsy

Infectious condition/explain: _____ Anxiety/depression Pregnant

Physician contact information: _____

Please circle any area that you are uncomfortable having massaged:

Scalp/face abdominals hip/gluteal muscles hands feet

Permission Waiver (Please read thoroughly and sign)

I, _____, understand that the services offered by Valerie Kennedy are not a substitute for medical care. I agree to keep the therapist updated to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so. I further understand that massage should not be construed as a substitute for a medical examination, diagnosis, or treatment that I should see a physician, chiropractor or other qualified medical specialist for any ailment in which I am aware. I understand my therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat physical or mental illness and nothing said in the course of a session should be construed as such. I understand that receiving a massage from Valerie Kennedy is for the purpose of muscle manipulation, stress relief, muscle spasm, tension and pain. If I experience pain or discomfort during the session, I will immediately inform my therapist so the pressure/strokes can be adjusted to my level of comfort. I will not hold my therapist responsible for any pain or discomfort I experience during or after the session. I understand that massage is entirely therapeutic and non-sexual in nature. By signing this release, I give Valerie Kennedy full permission to provide me with professional massage services.

Client Signature: _____ Date:_____