SpiralWise Healing Arts

Amy Topham, LMT (OR #12170)
PO Box 22437, Portland, OR 97269
503.453.5647

Welcome! I'd like to make your appointment as comfortable and pleasant as possible. If at any time you have questions or concerns regarding your session, please let me know. Thank you!

Contact Information

Name ____ _______________DOB _____________

Address ___________________________________ City _______________ State ______ Zip _______

Home Phone _______________________________ Work/Cell Phone __________________________

Email ____ Occupation ____________________________

Emergency Contact ________________________ Phone # ________________ Relationship _________

How did you hear about us? ____

Have you ever received massage before ? ____

How recent was your last session ? ____

Medical History

Are you currently under the care of a healthcare professional? ________________________________
If yes, for what ? ____
Name of Healthcare Provider _______________________________ Phone _______________________

Are you currently taking any medications ? ____
If yes, what are you taking and what are they for ?
____
____

Please list any surgeries, accidents, or major illnesses you've had and when :
____
____

Do you have any communicable diseases or allergies ?
____
____

Please review the following list and check those conditions that affect your health either currently or in the past :

_____ Arthritis
_____Asthma
_____Blood Clots
_____ Back Problems
_____ Broken/Dislocated Bones
_____ Bruise Easily
_____ Bursitis
_____ Cancer
_____ Chemical Dependency
_____ Chronic Fatigue
_____ Constipation / Diarrhea
_____ Depression, Panic Disorder, or other Psych Conditions
_____ Diverticulitis
_____Frozen Shoulder

____ Fibromyalgia
____ Headaches
____ Heart Condition
____ Hepatitis
____ High BP
____ HIV / AIDS
____ Insomnia
____ Pregnancy
____ Scoliosis
____ Seizures
____ Skin Conditions
____ Stroke
____ Tendonitis
____ TMJ Disorder
____ Varicose Veins
____ Whiplash

Any other conditions that are not listed ?
____
____

<u>Customize Your Session</u>

What are you looking for in your massage today ?

______ Full Body Massage ______Precise Therapeutic Attention ______ Both

Do you give consent for massage on the following areas : (please circle to indicate "yes")

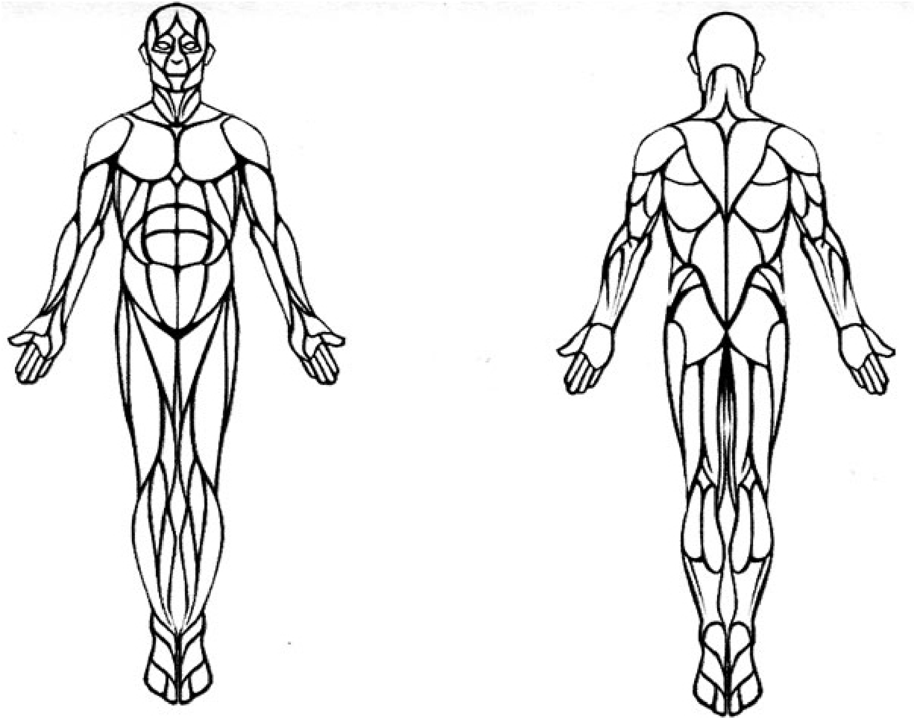
Glutes Abs Pecs Hands Feet Face Scalp

What kind of pressure do you prefer :

_________ Light ________ Firm ________ Deep

Do you have any specific intentions or goals (either physical, emotional, or otherwise) for this session that you'd like me to be aware of ?
____
____

Please use the diagram below to indicate areas of tension or discomfort, or areas you'd like specific attention to :



Consent for Care

Please read the following and sign below :

1. I understand that although massage can be very therapeutic, it is NOT a substitute for medical examination, diagnosis and/or treatment.
2. I acknowledge that massage should not be done under certain medical conditions and I affirm that I have answered all questions pertaining to medical conditions truthfully. I will inform my practitioner of any changes in my health status, and all important communication from other care practitioners.
3. I understand that this is a therapeutic massage and any sexual remarks or advances will terminate the session, and I will be liable for payment of the scheduled treatment.

It is my choice to receive massage therapy. I am aware of the benefits and risks of massage and give my informed consent.

Client Signature ____ Date _________________________

Practitioner Signature _______________________________________ Date _________________________