



Touch of Bliss

775-291-9577

Name _____ Phone (_____) _____ DOB: _____
 Address _____ City _____ State _____ Zip _____
 Email _____
 Referred by _____ Phone (_____) _____
 In case of emergency _____ Phone (_____) _____
 Occupation _____ Male/Female _____ Physician _____

Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided.

Have you ever received a professional massage or bodywork session? _____ If yes, how long ago? _____
 What are your massage or bodywork goals? _____
 What kind of pressure do you prefer? (circle one) Light / Medium / Firm

If you answer "yes" to any of the following questions, please explain as clearly as possible.

Yes / No	Do you frequently suffer from stress?	Yes / No	Do you bruise easily?
Yes / No	Do you have diabetes?	Yes / No	Any broken bones in the past two years?
Yes / No	Do you experience frequent headaches?	Yes / No	Any injuries in the past two years?
Yes / No	Are you pregnant?	Yes / No	Do you have tension or soreness in a specific area? Please specify _____
Yes / No	Do you suffer from arthritis?		
Yes / No	Are you wearing contact lenses?		
Yes / No	Are you wearing dentures?	Yes / No	Do you have cardiac or circulatory problems?
Yes / No	Do you have high blood pressure?	Yes / No	Do you suffer from back pain?
Yes / No	Are you taking high blood pressure medication?	Yes / No	Do you have numbness or stabbing pains?
Yes / No	Do you suffer from epilepsy or seizures?	Yes / No	Are you sensitive to touch in any area?
Yes / No	Do you suffer from joint swelling?	Yes / No	Have you ever had surgery? Explain below.
Yes / No	Do you have varicose veins?	Yes / No	Other medical condition, or are you taking any medications I should know about?
Yes / No	Do you have any contagious diseases?		
Yes / No	Do you have osteoporosis?	Comments	_____
Yes / No	Do you have any allergies?		_____

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

Client Signature _____ Date _____
 Practitioner Signature _____ Date _____

Consent to Treatment of Minor: By my signature below, I hereby authorize *Monica Radtke, LMT*, to administer massage, bodywork, or somatic therapy techniques to my child or dependent as they deem necessary.

Signature of Parent or Guardian _____ Date _____