

New Client Form
Active Recovery, LLC
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Client Information

Client Name: _____ Date: _____
Date of Birth: _____ Gender: _____
Address: _____
Phone: _____ Email: _____
Occupation: _____
Referred by: _____
Emergency Contact: _____ Phone: _____
Physician/Health-care Provider name: _____
Phone: _____

Massage Information

Have you ever received professional massage/bodywork before? Yes No
How recently? _____
Please circle the kind of pressure do you prefer? Light Medium Firm
What are your expected outcomes for receiving massage/bodywork? _____

How do you feel today? _____
Are you experiencing any stress, pain, tension, stiffness, numbness/tingling or
soreness? _____ Where? _____

Do these symptoms interfere with your activities of daily living (e.g., sleep, exercise,
work, childcare)? Yes No
If Yes, please give details:

Do you have trouble laying face-up, face-down, or on either side? _____

Are you wearing contacts? Yes No
Are you wearing dentures? Yes No
Are you wearing a hairpiece? Yes No
Are you pregnant? Yes No If yes, how many weeks? _____

Medical Information

Please check any medical conditions that you may have:
Yes No Allergies-Sinus
Yes No Diabetes-Hypoglycemia
Yes No Arthritis
Yes No Epilepsy/Seizures

- Yes No Sciatica
- Yes No Auto Immune Disorders
- Yes No Heart Condition
- Yes No Spinal Disease
- Yes No Blood Clots
- Yes No Herniated Disc
- Yes No Varicose Veins
- Yes No Cardiac/Circulatory Problems
- Yes No High/Low Blood Pressure
- Yes No Warts or Fungus
- Yes No Depression
- Yes No Migraine Headaches
- Yes No Edema
- Yes No High Blood Pressure
- Yes No Cancer Are you currently undergoing Chemotherapy?

Yes No Other

Please List any current medications and diagnosis: _____

Do you have any physical conditions I need to be aware of ? (surgeries, injuries or car accidents) _____

Is there anything else that you would like to share with me that may impact your massage session today? _____

Consent for Treatment

I understand that massage therapy is entirely therapeutic and is intended for stress reduction, relaxation and relief from muscular tension. It is completely non-sexual in nature. 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 will not hold Active Recovery, LLC or my therapist responsible for any pain or discomfort I experience during or after the session. 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. By signing this release, I hereby waive and release Conlee Massage Therapy and Wellness, and my therapist from any and all liability, past, present, and future relating to massage therapy and bodywork. Understanding all of this, I give my consent to receive care.

Client Signature: _____ Date: _____
Parent or Guardian Signature (if under 18): _____ Date: _____