

Advanced Therapeutic Massage
1001 Cypress Creek Rd #201
Cedar Park, TX 78613
512-250-1168
Application for Treatment

Full Name: _____ Date of Birth: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Ph: _____ Second Ph: _____ Work Ph: _____
Place of Employment: _____ Email Address: _____

Therapeutic Massage is a non-sexual health-care. At no time during the massage will the therapist massage genitalia, including the breasts except in cases of scar tissue resulting from breast surgery and only with client consent. Unless otherwise stated in treatment notes or by you, you will receive a full body massage. In all massage modalities and sessions, draping will be used. Massage is a service intended for enhancing your health and quality of life. If at any time you are uncomfortable with the massage, please inform the therapist and he/she will gladly rectify the problem, including ending the session if you wish.

Reason for Treatment and area of bodily complaints: _____
Have you been treated for this condition before: _____
Are you under the care of another health care practitioner for this condition? _____
If so whom: _____ Phone: _____
List any medical conditions, surgeries and/or diagnosis with-in the last 5 years. Include any allergies: _____

Please List all medication you are currently taking and the condition they are prescribed for: _____

Additional Health issues or body regions not to be massaged: _____
If you require Breast Massage Please state condition: _____

Signature

Date

Are you Pregnant? yes no Due date: _____

IF PAIN IS A FACTOR PLEASE COMPLETE THE FOLLOWING!

If there is a diagnosed injury involved please state: _____

When did it start: _____ What makes it better: _____

What makes it worse: _____ Pain with motion Yes No

I have been trained in Swedish Massage and will be using this modality in its varying levels of pressure unless otherwise stated: _____

Voluntary

How did you learn of our services? _____

What do you hope to gain from this work? _____

I release Advanced Therapeutic Massage from any responsibility for pre-existing conditions I have not revealed, or any consequential changes to those conditions that arise subsequent to the treatment.

Client Signature: _____ Date _____

Therapist Signature: _____ Date _____