



Client Disclosure for Ashiatsu Massage & Bodywork

Name: _____ Date: _____

Email: _____ Ph: _____

Address: _____ Birthday: _____

Emergency Contact: _____ Ph: _____

Referred by: _____

Check & circle all that apply currently or within the last year:

- ☐ Lymphatic condition (swollen glands, Lymphoma, edema, other)
- ☐ Knee or hip Injury/Surgery (which, and what type) _____
- ☐ Circulatory condition (heart disease, high/low blood pressure, clotting, varicose veins, arrhythmia, thrombosis, arteriosclerosis, arthrosclerosis, a pacemaker, stent or shunt)
- ☐ Diabetes
- ☐ Spinal Condition (degenerative disc disorder, herniated disc, bulging, disc, spondylolisthesis, spondylitis, kyphosis, lordosis, scoliosis) If yes, what stage are you in? _____
- ☐ Sciatica
- ☐ Hernia (hiatal, inguinal, incisional, femoral, umbilical)
- ☐ Bone condition (osteopenia/-porosis, fractures, arthritis)
- ☐ Auto-immune disease (rheumatoid arthritis, Lupus, IBD, Psoriasis, Grave's Disease, Hashimoto's)
- ☐ Bacterial infections (sepsis, meningitis, cellulitis)
- ☐ Neuromuscular disease (ALS, MS, muscular dystrophy)
- ☐ Stroke
- ☐ Aneurysm
- ☐ Heart attack
- ☐ Radiation/chemo therapy
- ☐ Pain medications/muscle relaxants
- ☐ Antidepressant (Prozac, Celexa, Lexapro, Zoloft)
- ☐ Blood pressure/heart rate medication
- ☐ Kidney disorder
- ☐ Headaches/migraines
- ☐ Diabetes

Current medications I am taking: _____

Current areas causing pain/irritation: _____

For Women Only: Date of last menstrual cycle _____

☐ Pregnant/Trying to get pregnant ☐ Breast Implants ☐ Irregular menstrual cycle ☐ Breast pain/tenderness

☐ I understand that a massage therapist cannot diagnose illness, disease, or any other medical, physical, or emotional condition/disorder, nor perform any intentional spinal manipulations. Although massage therapy may be very therapeutic, relaxing, and reduce muscular tension, it is not a substitute for medical treatment or examination, diagnosis or treatment.

☐ I understand this is a professional, ethical, and therapeutic massage, and any inappropriate or sexual remarks, innuendo, comments, and/or contact will terminate the session immediately with no refund of payment, and full liability for conduct. I understand that I am responsible to communicate temperature & pressure to my therapist and disclose any discomfort, uncomfortable, and/or painful techniques in my session.

Signature: _____ **Date:** _____