

Client Information For Divine Light Massage

Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ Referred by: _____

In case of emergency: _____ Phone: _____

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

- Yes No Do you frequently suffer from stress?
- Yes No Do you have diabetes?
- Yes No Do you experience frequent headaches?
- Yes No Do you suffer from arthritis?
- Yes No Are you wearing dentures?
- Yes No Do you have high blood pressure?
- Yes No If yes are you taking medication for this?
- Yes No Do you suffer from joint swelling?
- Yes No Do you have varicose veins?
- Yes No Do you have any contagious diseases?
If yes, what disease do you have? _____
- Yes No Do you have any allergies?
Please specify: _____
- Yes No Do you bruise easily?
- Yes No Do you have tension or soreness in a specific area?
Please specify: _____
- Yes No Do you have cardiac or circulatory problems?
- Yes No Do you suffer from back pain?
- Yes No Do you have numbness or stabbing pains anywhere?
Please specify: _____
- Yes No Are you very sensitive to touch or pressure in any area?
Please specify: _____
- Yes No Do you have any other medical condition or are you taking any
Medications I should know about? _____

I understand that the reiki/massage I receive is provided for deep relaxation, relief of muscular tension, relief of stress, and to assist with a sense of overall well being. 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 or 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 medial specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to 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 medial 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: _____

Consent to treatment of minor: By my signature below, I hereby authorize _____ To administer massage, bodywork, Reiki, or somatic therapy techniques to my child or dependent as they deem necessary.

Signature of Parent or Guardian _____ Date: _____

Thank you! I look forward to working with you.