CLIENT INFORMATION FORM

ALEXANDER COLLINS, L.M.T.

Please complete the following client information form. Save & Email to ACollins.Massage@gmail.com

Name:

Address:

City: State: Zip:

Phone: May I text you appointment info? ☐ Yes ☐ No

Email: May I email you appointment info? ☐ Yes ☐ No

Date of Birth: Anniversary: Occupation:

Referred by: ☐ Website ☐ Facebook ☐ Friend/Family:

☐ Other:

How often do you receive massage therapy?

How often would you like to receive massage therapy?

General Stress Level (1=Low, 10=High) Desired Pressure (1=Light, 5=Firm, 10=Deep)

Please check the following conditions that apply to you:

☐ Headache ☐ Migraines
☐ Back problems (explain below)
☐ Neck problems (explain below)
☐ Leg Pain ☐ Siatica
☐ Carpal Tunnel
☐ Arthritis ☐ Bursitis
☐ Blood clots
☐ Cyst ☐ Tumors
☐ Varicose veins
☐ Water Retention
☐ Heart problems
☐ Contact Lenses ☐ Hearing Aids
☐ Other:

☐ Stroke
☐ Seizures
☐ Multiple Sclerosis
☐ Fibromyalgia
☐ Osteoporosis
☐ Scoliosis
☐ Hormonal imbalances
☐ Jaw Pain ☐ TMJ
☐ HIV / AIDS
☐ Hepatitis C
☐ Insomnia
☐ Menstrual cramps

☐ Skin problems: Acne
☐ Skin problems: Athlete's Foot
☐ Skin problems: Open sore or cut
☐ Bruise easily
☐ Cancer, Type:
☐ Elimination problems ☐ Digestion problems
☐ Seasonal Allergies
☐ Skin Allergies (explain below)
☐ High Blood Pressure ☐ Low Blood Pressure
☐ High Blood Sugar ☐ Low Blood Sugar
☐ Currently Pregnant:
weeks, Due Date:

Please expand on any of the above:

Medications (please list):

Surgeries (please list):

Do you currently exercise? ☐ Yes ☐ No If yes, please list type and how often:

☐ By checking this box, the client acknowledges that he/she has read this agreement, and listed any conditions Alexander Collins, LMT should be aware of.

If you enjoy your massage therapy experience, please tell all your friends.
For every referral you will receive $25 off your next massage therapy appointment.

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