

Finding Serenity

Holly Kiefer LMT

Name _____ Date of Birth _____ Sex Male Female
Address _____ City _____ State _____ Zip _____
Home Phone _____ Mobile Phone _____ May I Send You Texts? Yes No
Work Phone _____ Occupation _____ Email _____
Emergency Contact _____ Relationship _____ Phone _____

Circle the following symptoms or conditions you have **now** or have had **previously**:

- | | | | |
|---------------|----------------------------|--------------------|------------------------------|
| Allergies | Heart Disease/Heart Attack | Circulatory Issues | Neuropathy/Changed Sensation |
| Arthritis | High/Low Blood Pressure | Shoulder Pain | Disc Issues/Injury |
| Cancer | Surgery | Skin Condition | Menopausal Symptoms |
| Diabetes | Multiple Sclerosis | Stroke | PMS/Menstrual Issues |
| Dizziness | Neck Pain | Tuberculosis | Pregnant, How Long? _____ |
| Epilepsy | Nervousness/Depression | Ulcers | Recent Births |
| Fibromyalgia | Numbness | Varicose Veins | Digestive Disturbance |
| Low Back Pain | Hernia | IUD | Diarrhea/Constipation |
| Headache | Plantar Fasciitis | Edema (Swelling) | Alcohol/Drug Dependency |

Please list any surgeries, conditions, illnesses or injuries not listed above and approximate date: _____

Are you presently under Medical, Chiropractic, or Naturopathic Care? Yes No

Name and Phone Number of Primary Physician _____

List any prescription and nonprescription medications, vitamin/mineral supplements or other remedies that you are taking: _____

Have you experienced a professional massage or bodywork session before? Yes No Regularly? Yes No

Are you sensitive to touch or pressure in any area? Yes No

What would you like to learn/achieve through massage therapy? Check all that apply.

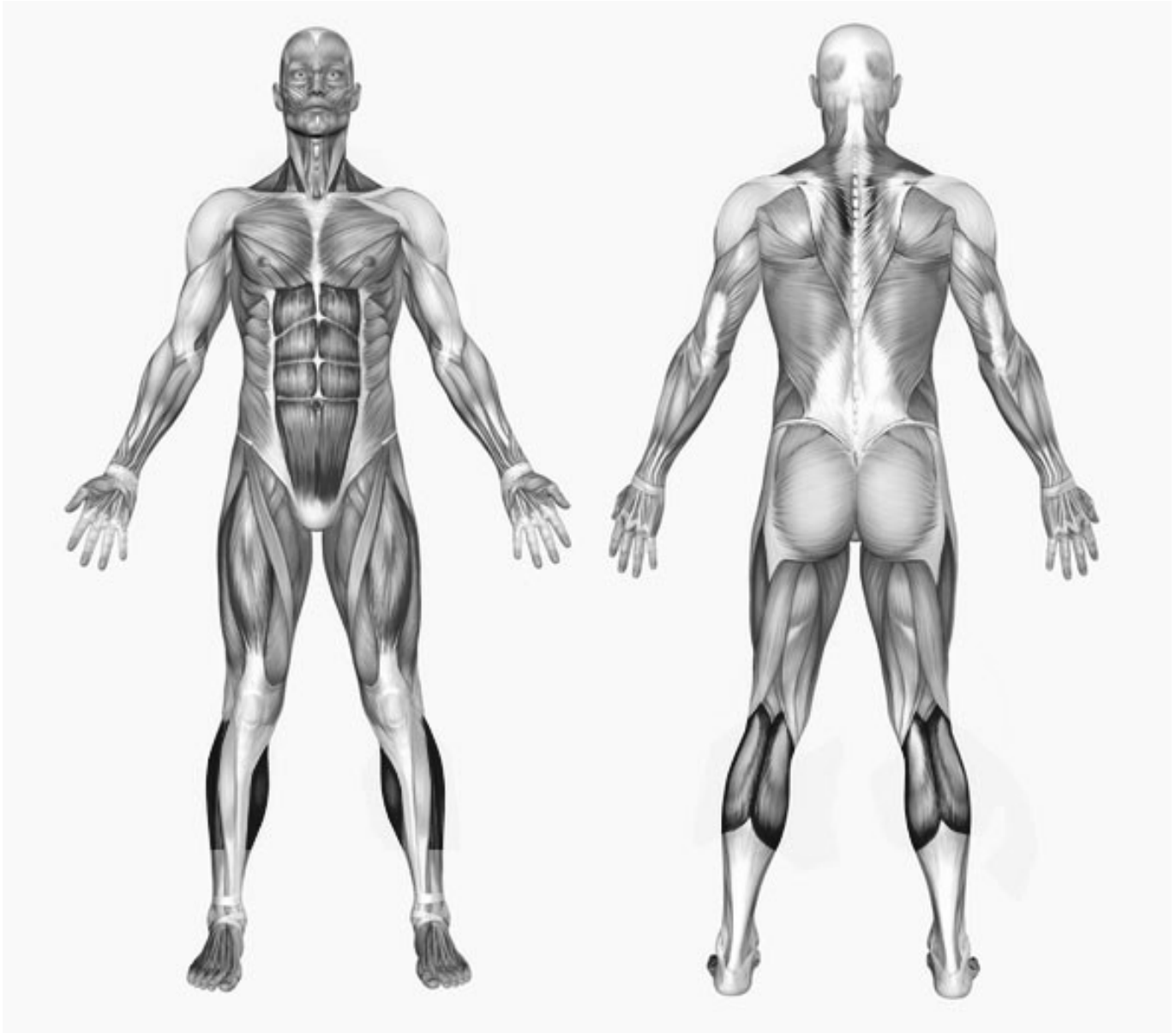
- increase self-awareness
- reduce stress
- overall relaxation
- relieve specific areas of discomfort _____
- enhance athletic performance in _____
- other _____

See other Side →

Is there any other condition/concern/information you would like me to know about? _____

How would you rate your overall health? Excellent Good Fair Poor

Please circle any areas of discomfort



I understand that massage therapy is not intended to be a substitute for proper medical counseling. My therapist has not expressed or implied that massage is the primary treatment for any specific illness or disease. I understand that massage is an adjunctive therapy that can be coordinated with the advice, treatment, or prescriptions recommended by my regular physician.

I have received and read a copy of client and therapist policies. The decision to receive massage is left to my own discretion.

If I have shared my email address, I authorize Finding Serenity to send occasional emails to me. I understand that my email address will never be shared or sold to others, and that I can unsubscribe from newsletters at any time.

Signature (guardian if client is under 18 years of age) _____ **Date** _____