



Jennifer Wickett, LMT

Client Information

Name: _____ DOB: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Occupation: _____ Referred by: _____

In case of emergency: _____ Phone: _____

Email Address: _____

May I contact you through mailings: yes / no

Previous experience with massage/bodywork (likes & dislikes):

Please take a moment to carefully read the following questions, circle Y (yes) or N (no).
If you answer "yes" to any of the following questions, please explain as clearly as possible.

Y / N Do you frequently suffer from stress or anxiety?

Y / N Do you experience frequent headaches/migraines?

Y / N Do you suffer from arthritis?

Y / N Do you have varicose veins?

Y / N Do you have any contagious diseases?

Y / N Are you pregnant?

Y / N Do you bruise easily?

Y / N Do you have any allergies to fragrance, nuts/seeds or oils?
Please specify:

Y / N Do you have tension or soreness in a specific area?
Please specify:

Y / N Are you sensitive to touch or pressure in any area?
Please Specify:

Y / N Do you suffer from back pain?
Please specify:

Y / N Do you have numbness or stabbing pains anywhere?

Y / N Do you suffer from jaw pain (TMJ)?

Y / N Do you suffer from epilepsy or seizures?

Y / N Do you have cardiac or circulatory problems?

Y / N Do you have scoliosis or osteoporosis?

Please list any injuries, accidents or surgeries (include dates)

I understand that massage/bodywork practitioners are not qualified to diagnose, prescribe or treat any physical or mental illness. 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.

Client (Guardian) Signature: _____ Date: _____

Practitioner Signature: _____ Date: _____