



Darren Sharp

Licensed Massage Therapist, MA 34862

Tampa Bay, Florida

Phone: (727) 481-3989

CLIENT INFORMATION FORM

NAME:	PHONE:		
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STREET ADDRESS:	CITY:	STATE:	ZIP CODE:
OCCUPATION:	BIRTHDATE (Optional)	HEIGHT	WEIGHT lbs.

GENERAL MEDICAL INFORMATION

Please indicate any information relevant to you receiving a massage. Are you currently being treated for:

- | | | |
|---|---|---|
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Kidney Condition | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Contagious Condition | <input type="checkbox"/> Autoimmune Condition | <input type="checkbox"/> Are you running a fever? |

Are you currently taking any medications? Yes No

If yes, please list:

Have you had any serious accidents/injuries within the past two (2) years? Yes No

If so, please explain:

Have you had surgery within the past two (2) years? Yes No

If so, please explain:

Do you have any allergies? Yes No

If so, to what?

Do you have any skin lesions, cuts, or scrapes today? Yes No

Please list any areas you **do not** wish the Therapist to work on today:

Please list any specific areas you would like the Therapist to focus on:

The information I have provided is accurate. I understand that Massage Therapy is for stress reduction and relief of muscle tension. Massage Therapy should not be a substitute for medical examination, diagnosis and treatment. All information provided is considered private and confidential.

CLIENT SIGNATURE:

DATE