



KRISTINBRIGGS.COM

804 994-3046

**GENERAL INFORMATION**

TODAYS DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

MALE      FEMALE

ADDRESS: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE (home): \_\_\_\_\_ (work): \_\_\_\_\_ (cell): \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

EMERGENCY CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**HEALTH CARE INFORMATION**

APPROXIMATE WEIGHT: \_\_\_\_\_ HEIGHT: \_\_\_\_\_

PLEASE LIST ANY INJURIES, BROKEN BONES, OR SURGERIES, AND OCCURRENCE DATE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

ARE YOU CURRENTLY UNDER THE CARE OF A HEALTH PROFESSIONAL?      YES      NO

IF YES, WHAT IS HIS/HER NAME? \_\_\_\_\_

PLEASE LIST ANY MEDICATIONS/VITAMINS/HERBAL SUPPLEMENTS YOU TAKE:

\_\_\_\_\_  
\_\_\_\_\_

WHAY TYPE OF EXCERSICE DO YOU DO AND HOW OFTEN? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

PLEASE CHECK ANY OF THE FOLLOWING CONDITIONS YOU ARE EXPERIENCING:

EMOTIONAL CHANGES	HEADACHES	SKIN DISORDERS
HYPOGLYCEMIA	PHLEBITIS	PMS
HEART AILMENT	DIABETES	PREGNANCY
INFECTIOUS CONDITION	SLEEPLESSNESS	FLU/COLD/FEVER
KIDNEY AILMENT	ALLERGIES	HIGH BLOOD PRESSURE
CANCER	TMJ SYNDROME	VARICOSE VEINS
CHRONIC/ACUTE PAIN	DIGESTIVE PROBLEMS	ARTHRITIS
NECK/SPINE INJURY	ULCERATED COLON	OSTEOPOROSIS
FIBROMYALGIA	JOINT DISCOMFORT	CARPAL TUNNEL SYNDROME

OTHER: \_\_\_\_\_  
\_\_\_\_\_

I understand that if I experience any pain or discomfort during my session(s), I will immediately inform the massage therapist in order for the pressure and/or stroke to be adjusted to my level of comfort. I further understand massage/bodywork should not be considered a substitute for medical examination, diagnosis, or treatment; I should see a qualified medical specialist for any mental or physical ailment that I experience. I understand the massage therapist is not qualified to perform spinal or skeletal adjustments, diagnose or treat any physical or mental illness, or to prescribe any medications; nothing said during the session(s) should be interpreted as such. Because massage/bodywork should not be done under certain medical conditions, I affirm that I have stated all of my known medical conditions, and have 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 massage therapist part should I forget to do so. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session.

**Cancellation Policy:**

**I understand that if I fail to give 24 hours notice when cancelling an appointment I may be subject to a \$30 cancellation fee.**

CLIENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

(REQUIRED IF CLIENT IS LESS THAN 18 YEARS OF AGE)