RuppMassage

8202 Clearvista Pkwy Ste 8F
Indianapolis, IN 46256
317.223.1639 • RuppMassage.com

CLIENT INFO

Name (First)________________ (MI)______ (Last)________________

Address________________ City________________

State________ Zip________ Telephone(Home)________________

(Mobile)________________ OK to text? Y N

Email address________________ Date of Birth________________

Gender M F Emergency Contact (Name, relationship, phone)________________

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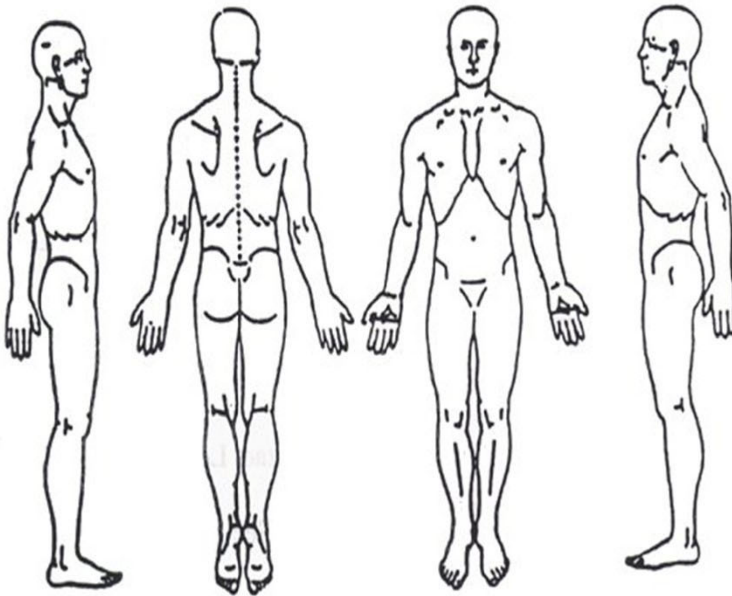
Occupation________________ Employer________________

What is your primary reason for massage?________________

Physicians Name________________ Phone #________________

Whom may we thank for referring you?________________

CONDITIONS



Please shade in the areas above that are causing you discomfort and /or pain.

Please check any condition(s) and/or symptom(s) that you have:

- ❑ Abdominal pain
- ❑ Allergies
- ❑ Arthritis
- ❑ Blood clots
- ❑ Carpal tunnel
- ❑ Chest pain
- ❑ Circulatory disorder
- ❑ Contagious disease
- ❑ Constipation
- ❑ Diabetes
- ❑ Digestive disorders
- ❑ Dizziness
- ❑ Depression
- ❑ Fatigue
- ❑ Heart disease
- ❑ High blood pressure
- ❑ Insomnia
- ❑ Joint disorder
- ❑ Kidney disorder
- ❑ Liver disease
- ❑ Low blood pressure
- ❑ Migraine headache
- ❑ Muscular injuries
- ❑ Respiratory disorder
- ❑ Sinusitis
- ❑ Skeletal injuries
- ❑ Skin disorder
- ❑ Spinal disorder
- ❑ Varicose veins
- ❑ Other

Use this space to describe any of the above conditions and symptoms and list any additional conditions you may have

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HISTORY

Exercise Frequency________________ Exercise Type(s)________________

Previous complaints/surgeries/medications?________________

What is your major complaint?________________

Have you received massage therapy before?________________

Goals for massage therapy?________________

❑ Relaxation ❑ Rehabilitation ❑ High activity level maintenance

Preferred type of touch ❑ Light/Meditative ❑ Heavy/Invigorating ❑ Deep/Trigger Point

CONSENT

- I understand that the massage therapist does not diagnose. The massage therapist does not prescribe medical treatment or medications, nor do they perform spinal manipulations. Massage is not to be used as a substitute for medical examination or diagnosis and it is recommended that I see a physician for any ailments that I might have.
- I have stated all my known medical conditions and take it upon myself to keep the massage- therapist updated on my physical health.
- I understand there is a 24 hour cancellation policy. If 24 hours notice is not given, I will be charged for the amount of the service.

Date________________ Signature________________