Connective Touch Therapeutic Massage
16520 Wedge Parkway, Suite 300 Reno, NV 89511
703-568-2010

Name: _____ Today's Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email _____

Birth Date: _____ Occupation: _____ Referred By: _____

Emergency Contact/relationship: _____ Phone: _____

Have you had professional massage/bodywork previously? _____ If so, how often did you receive massage and when was your last session? _____

What would like to accomplish in today's session? _____

Are you currently under the care of a physician? _____ If so, please explain: _____

Please list medications/supplements you are taking and the side effects, if any that you experience: _____

Describe your medical/surgical history including dates of occurrence: _____

Describe any acute or chronic injuries: _____

Please list any known allergies: _____

Describe your current exercise habits: _____

Do you currently have a cold, fever, infection or any skin irritation? _____

Please describe any other conditions or situations effecting your overall well being: _____

Females: Are you currently pregnant? ____ If so, when are you due? _____

Have you had any complications with your pregnancy? Please describe_____

Have you had an amniocentesis? _____ If so, when? _____ Most recent ultrasound_____

Have you had any bleeding, cramping or noticed any change in the baby's movement in the past 24 hours? Explain

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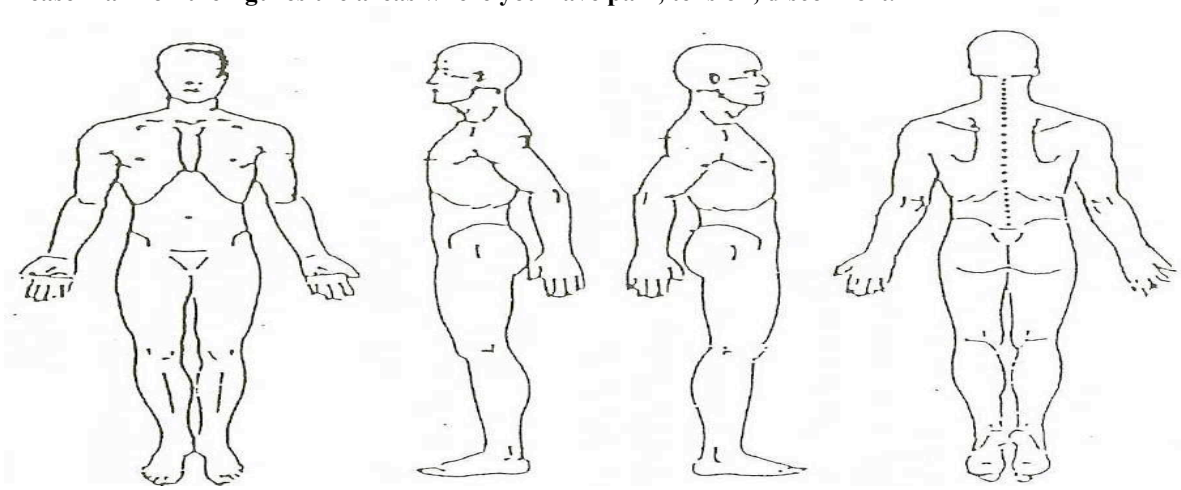
Please mark on the figures the areas where you have pain, tension, discomfort.



Disclaimer: Please note that a massage therapist does not diagnose or medically treat conditions. Please consult your physician first with any medical conditions you may be currently experiencing.

Cancellation Policy: Please provide **24 hours** notice for any appointment which you are unable to attend. A minimum of $50 will be charged for non-emergency cancellations with less than 24 hours notice. The full price of the session will be charged for a **NO CALL/NO SHOW.**

I understand the above statement and explanation of the Cancellation Policy:

Signature: _____ Date: _____