

मेत्ता
[metta]morphosis

confidential client information form

name / pronoun _____ date of birth _____

mobile tel: _____ home tel: _____ e-mail: _____

address: _____

profession & /or hobby: _____ referred by: _____

emergency contact info: _____

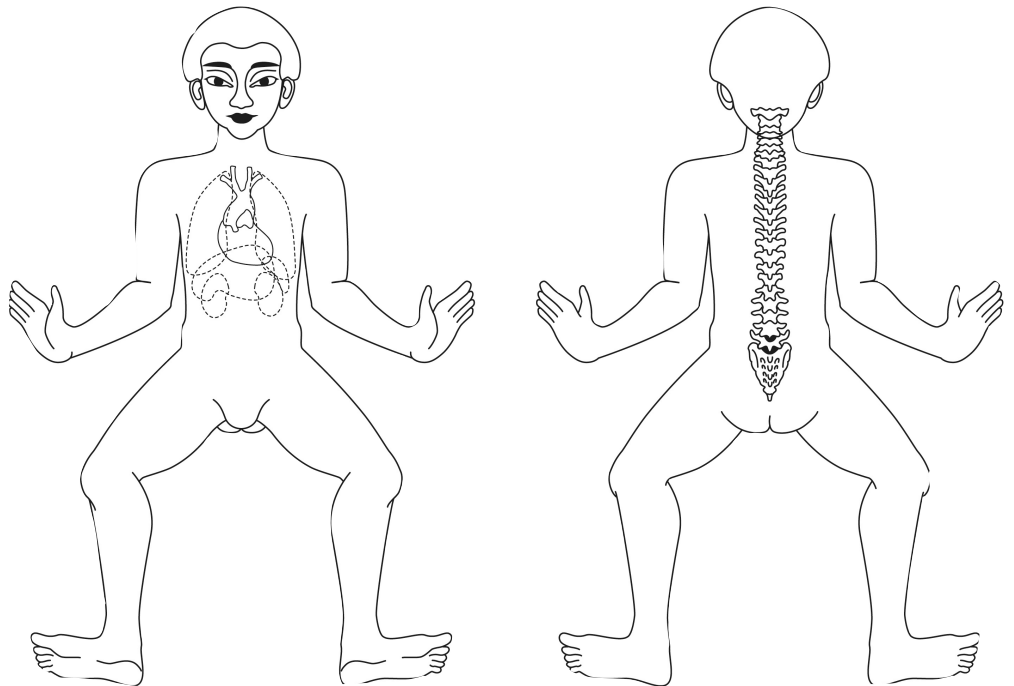
are you currently taking any medications? _____

indicate if any conditions apply: ___ surgeries ___ spinal / disc problems ___ heart problems

___ high blood pressure ___ osteoporosis ___ hernia ___ fractures ___ pregnancy

___ back pain ___ neck pain ___ joint pain ___ arthritis _____ other

***on the diagram to
the right, circle any
problem areas:***



continued on back

do you have any restrictions in movement? _____

do you have any cardiovascular or arterial issues? _____

are there any areas of your body that you do NOT want me to work on? _____

what are your goals for this session/future sessions? _____

anything else you'd like me to know? _____

Client consent and agreement — Please read and sign below

- It is agreed and understood that massage therapy is intended for relaxation and relief of muscular tension and that it is not meant to diagnose, treat or remedy any illness, disease, injury, physical condition or mental disorder.
- Except in cases of emergency, I agree to pay for all sessions which are not cancelled at least 24 hours in advance. (this cancellation policy is not in effect during the active global pandemic of COVID 19)
- I acknowledge that all information listed here is accurate and correct.

signature _____ date _____