

Massage client update form

Client name

I understand that certain massage techniques may be contraindicated to certain medical conditions.

There have been no changes in my health since our last visit on _____ I am responsible to let my therapist know of any changes.

A referral from your primary care giver may be required prior to our service if you have had any specific medical conditions or symptoms, again certain massage techniques may be contraindicated.

Date _____

Client Signature

Date _____

Therapist Signature

***Is there anything you would like to add or remove from your last session?
Explain request below.***