



JENNIFER MADISON  
MASSAGE THERAPY

101 Ridge Street  
Glens Falls, NY 12801  
(518) 744-2315

www.jennifermadisonmassage.com

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Referred by: \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING:**

Current Medications:

Medical conditions:

Are you pregnant or nursing? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you wearing any hearing devices, dentures, or contact lenses? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list any allergies: \_\_\_\_\_

Have you ever received a professional massage? Yes \_\_\_\_\_ No \_\_\_\_\_ How long ago? \_\_\_\_\_

**Please check any of the following that apply:**

Stress Diabetes Arthritis Osteoporosis  
Joint Swelling  
Numbness  
Stabbing Pain  
Cancer  
Epilepsy  
Varicose veins

Contagious disease  
Back Pain  
Headaches  
Bruise easily  
High Blood Pressure  
Cardiac issues

Have you suffered any significant injuries in the past 2 years?

Significant injuries more than 2 years ago?

Areas of focus/where do you carry your stress?

I understand that any treatment I receive is provided for the basic purpose of relaxation and relief of muscular tension. I understand that the massage should not be construed as a substitute for medical examination, diagnosis or treatment. Your Therapist may not prescribe, or treat any mental illness, and that nothing said in the course of the session should be construed as such. I further understand that the therapist is not qualified to perform spinal or skeletal adjustments, or diagnose spinal related issues. If I experience any pain or discomfort during the session, I will immediately inform the therapist so that they may make adjustments according to my comfort level. I have read the above information and have had all my questions answered by the massage therapist. I understand the above policies and agree to abide by them.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If client is under the age of 18, parent or legal guardian must sign consent:

Minor's Name: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

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