

MIZOKAMI ADVANCED CIRCULATORY SPORTS THERAPY

Name: _____ Date: _____
Last First M.I. MM/DD/YY

Address: _____
Street Apt# City State Zip

Home Phone: _____ Work Phone: _____ email: _____

DOB: _____ Emergency Contact: (name) _____ (ph.) _____

Occupation: _____ Referred by: _____

Reason for Appointment: _____

Have you had a professional massage before? YES NO If "yes", how long ago? _____

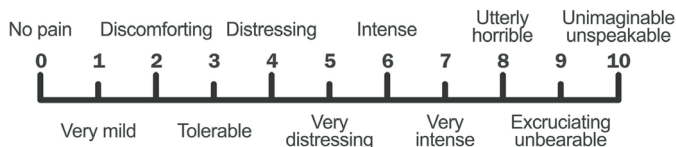
List Current Medications: _____

List any Allergies: _____

Place a check mark next to any of the following that apply:

- | | |
|--|---|
| _____ Frequent Headaches | _____ Any Skin rash or condition |
| _____ Arthritis | _____ Diabetes |
| _____ Varicose Veins | _____ Pregnant (Due Date: _____) |
| _____ Osteoporosis | _____ High Blood Pressure |
| _____ Fibromyalgia/ Chronic Fatigue | _____ Any Contagious Disease / Illness |
| _____ Chronic Back / Neck Pain | _____ Allergies (Skin, Drug, Other) |
| _____ Blood Clots / Phlebitis | _____ Scoliosis |
| _____ Cancer (currently or within past 12 months) | _____ Inflammation / Swelling |
| _____ Injuries within past 12 months | _____ Cardiac or Circulatory Problems |
| _____ Surgeries within past 12 months. If yes, please explain: _____ | |

Medical history / Surgeries



Family medical history of any serious Medical Conditions and Autoimmune Diseases

Do you have any other Medical Conditions?

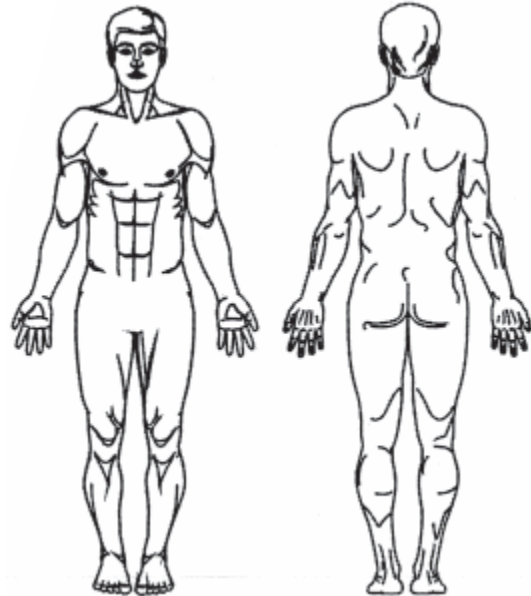
Would you like Light, Medium, or Deep Pressure During your Massage?

What Outcome do you expect from This Massage/Bodywork Session?





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On this diagram please **circle** the areas of the body that you feel need the **most** attention in the massage session, and place an **"X"** over the areas that you wish to have avoided.

Therapist being used: _____

Please Read The Following Information and Sign Where Indicated

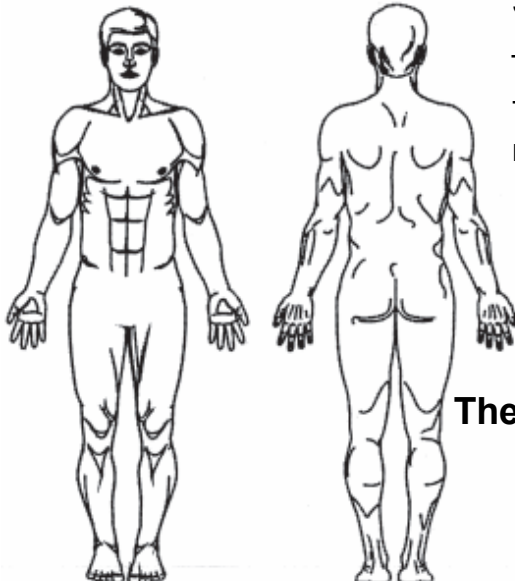
I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. There are certain medical conditions in which receiving a massage may not be appropriate. In those cases a referral from a physician may be required prior to services being provided. Massage/bodywork is not a substitute for medical attention received by a medical specialist. If I experience any pain or discomfort during the session, I will immediately inform the therapist so that the pressure/strokes may be adjusted. In addition, if I am uncomfortable for any reason, I may ask that the session be stopped immediately. Draping will always be used during massage/bodywork sessions. No breast massage shall be done without written consent of the client and therapist. Any illicit or sexually suggestive remarks or advances made by me (the client) will result in the immediate termination of the session.

Client Signature: _____ **Date:** _____

For Therapist Use:

Services to be performed today: _____

Type of massage techniques used during the massage session: _____



On this diagram **circles** indicate the areas of the body that will be massage, and **"X"** indicates the areas of the body that will be avoided and the contraindications.

Therapist's Signature: _____

Date: _____