



Elise D. Morris, LMT
5100 SW 149th Avenue ♦ Beaverton OR
Lic#12295

Name (please print) _____ Date _____

Address _____

Phone Number(s) _____

Birthdate _____ Occupation _____

Email address (opt.) _____

Who referred you to this office? _____

Have you ever had a massage before? Y N When? _____

What results would you like to see from your sessions? (i.e. relaxation or something more specific)

Are there any areas of your body you would like to focus on or prefer be avoided?

Please include the names of any healthcare professionals you are currently seeing.

Do I have permission to contact them concerning your current condition, if I feel that it is necessary for your safety? Y N _____ Only with my express consent,

on a per-incident basis.

Are you currently taking any medications/supplements/herbs/homeopathic remedies? Y N

Which? _____

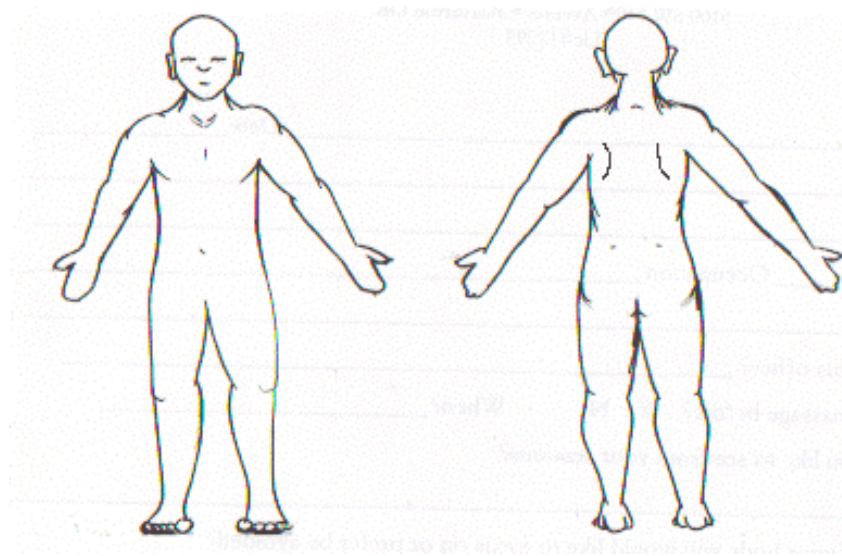
Have you ever had any form of cancer? Please include type, dates, and current status.

Have you ever had any surgeries or major injuries? Include approximate date and current status.

Please indicate if you currently or in the recent past have had any of the following:

- | | |
|---|--|
| <input type="checkbox"/> diabetes | <input type="checkbox"/> high/low blood pressure |
| <input type="checkbox"/> asthma | <input type="checkbox"/> allergies |
| <input type="checkbox"/> communicable disease | <input type="checkbox"/> skin conditions |
| <input type="checkbox"/> difficulty sleeping | <input type="checkbox"/> headaches/migraines |

Please indicate your areas of discomfort/what you would like worked on:



Would you like a reminder of your appointment?

(Not guaranteed, client responsible for keeping appointment regardless)

- No, Thanks Email reminder Day-before phone call

All massage received will be therapeutic wellness massage, to promote relaxation and relieve discomfort caused by tension. By signing I declare that, to the best of my knowledge, the above information is accurate and truthful. According to informed consent, I acknowledge that I am aware of the minor potential for soreness, bruising, or headaches in the days following a therapeutic massage. I also acknowledge that I am aware that any massage received will be NON-sexual in nature. If, at any time, either client or therapist feels uncomfortable with the situation, the session may be terminated immediately.

Client Signature

Thank you!