Welcome To Massage Revolution!
(The Back & Neck Relief Center)
Confidential Client Information Form

Please Print Clearly

Name: (Last)_____(First)_____

►Reasons For Visit: **• Back Pain Relief • Neck Pain Relief • Shoulder Pain Relief • Headache Relief • Other Pain Relief (please specify)_____ • Relaxation • Stress Relief • More Energy • Increase Range of Motion/Flexibility • Better Posture • Overall Health • Other_____**

►Any Pain/Tension?: Back • Neck • Shoulder • Headaches • Hip • Arms • Legs • Other_____

►Describe Pain/Tension: • Deep • Sharp • Dull • Burning • Aching • Diffuse • Electrical • Other_____

►Desired Massage Pressure: Deep_____Firm_____Light_____

►Do You Have PPO Insurance? _____(If yes, Dr. McClain accepts most PPO insurances, give the receptionist your insurance info, we do a free verification of your benefits)

► Special requests?_____

►Specific areas to avoid?_____

Please Check All that Apply:

__Back Pain	__Foot/Ankle/Leg Pain	__HIV	__Cancer Type_____
__Neck Pain	__Abdominal pain	__Broken bones	__Skin Problems/Allergies
__Shoulder pain	__Arm Pain	__High blood pressure	(please describe)_____
__Headaches	__Arthritis/Bursitis	__Varicose veins	__Immovable joints
__Migraines	__Joint aches	__Infection	__Cyst/Tumors/Clots
__Hand/Wrist Pain	__Skin Problems	__Blood Clots	__Seizure
__Carpal Tunnel	__Decreased range of motion	__Breathing Problems	__Dizziness
__Sciatica	__Tendonitis	__Heart Problems	__Diverticulitis
__Hip Pain	__Inner Ear Pain	__Contact Lenses	__Disc disorder
__Fibromyalgia	__Insomnia	__Diabetes	__Whiplash
__TMJ/Jaw Pain	__Bruise easily	__Allergies	__Other_____

Have You Ever Received A Professional Massage Before? Yes__No__ Are You Currently Taking Any Medication? Yes__No__

Are You Pregnant? # Months_____# Weeks_____ Recent/Past Injuries Or Surgeries?_____

We're very grateful you decided to choose us for massage therapy services. If you have ANY questions, comments, or concerns, please bring this to management's attention immediately. If you do experience any discomfort during your session, please ask your therapist to adjust the level of pressure so they give you the best experience possible.

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Name: (Last) _____ (First) _____ (Date of Birth: Month/Day)_____

Address _____ City _____State _____ Zip_____

Telephone: BEST # to reach you _____Other:Wrk/Hm/Cell: _____

EMAIL: _____ Gender: M/F _____ Occupation _____

►HOW did you hear about us? * Google search online * Facebook * Yelp * Direct Mail

Friend (Write Name Below So They Earn Free Massages) * Daily Deal Other _____

►WHO referred you? (They earn free massage credit) _____

I understand some types of massages may cause bruising and soreness following my treatment. I understand and voluntarily accept any risks associated with my massage treatment or any use of Massage Revolution's facilities and agree that Massage Revolution (The Back & Neck Relief Center INC) is not liable for any injury, including, without limitation, personal, bodily, or mental injury, economic loss, or any damage to me resulting from negligence or other acts of Massage Revolution or anyone on Massage Revolution's behalf. I understand that Massage Revolution's therapists are independent contractors and provide massage services. They do not prescribe medical treatment or pharmaceuticals, diagnose illness, disease or any other physical or mental disorder. I have been made aware that massage services is not a substitute for medical examinations and/or diagnosis and that it is recommended I see a physician for any physical ailment or pain that I might have. Because the treating therapist must be aware of existing conditions, I have stated all my known medical conditions and take it upon myself to keep the treating therapist updated on my physical health, any pre-existing conditions, pregnancy, and limitations. **I understand that there is a 24 Hour Cancellation Policy, and there will be a charge for late cancellation and no shows.** I give Massage Revolution (The Back & Neck Relief Center INC) and its representatives permission to communicate to me via the contact information above.

The undersigned acknowledges that he/she has read this agreement:

Signature: _____ Date: _____

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