



5525 N. Union Blvd., Ste. 101  
Colorado Springs, CO 80918  
719-265-5221

## PERSONAL HEALTH INFORMATION

### PERSONAL DATA

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

How Did You Hear About Us? \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ Phone – Day: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone – Eve: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### MESSAGE HISTORY/TREATMENT INFORMATION

Have you ever received a professional massage?  Yes  No If yes, frequency: \_\_\_\_\_ Date of last massage: \_\_\_\_\_

Therapist Preference:  Female  Male  Either is fine

What results do you want from your massage sessions? \_\_\_\_\_

Are you wanting a Full-Body Massage or only certain areas? Please specific. \_\_\_\_\_

Are there any areas of your body that you prefer NOT to be massaged? \_\_\_\_\_

List **ANY** current medications you are taking, including aspirin, ibuprofen, etc. \_\_\_\_\_

List **ANY** known allergies (including food, medication, etc): \_\_\_\_\_

### PREVIOUS HISTORY (Include year and treatment received)

Injuries: \_\_\_\_\_

Accidents: \_\_\_\_\_

# HEALTH HISTORY CONTINUED

## MUSCULO – SKELETAL

- \_\_\_\_\_ bone or joint disease \_\_\_\_\_
- \_\_\_\_\_ tendentious \_\_\_\_\_
- \_\_\_\_\_ bursitis \_\_\_\_\_
- \_\_\_\_\_ broken/fractured bones \_\_\_\_\_
- \_\_\_\_\_ arthritis \_\_\_\_\_
- \_\_\_\_\_ sprains/strains \_\_\_\_\_
- \_\_\_\_\_ low back, hip, leg pain \_\_\_\_\_
- \_\_\_\_\_ neck, shoulder, arm pain \_\_\_\_\_
- \_\_\_\_\_ headaches/head injuries \_\_\_\_\_
- \_\_\_\_\_ spasms/cramps \_\_\_\_\_
- \_\_\_\_\_ jaw pain/TMJ \_\_\_\_\_
- \_\_\_\_\_ lupus \_\_\_\_\_
- \_\_\_\_\_ other \_\_\_\_\_

## CIRCULATORY

- \_\_\_\_\_ heart condition \_\_\_\_\_
- \_\_\_\_\_ varicose veins \_\_\_\_\_
- \_\_\_\_\_ blood clots \_\_\_\_\_
- \_\_\_\_\_ high blood pressure \_\_\_\_\_
- \_\_\_\_\_ low blood pressure \_\_\_\_\_
- \_\_\_\_\_ Lymphedema \_\_\_\_\_
- \_\_\_\_\_ breathing difficulty \_\_\_\_\_
- \_\_\_\_\_ sinus problems \_\_\_\_\_
- \_\_\_\_\_ other \_\_\_\_\_

## INFECTIOUS DISEASE

- \_\_\_\_\_ disease name (s): \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## SKIN

- \_\_\_\_\_ rashes \_\_\_\_\_
- \_\_\_\_\_ athletes foot \_\_\_\_\_
- \_\_\_\_\_ warts \_\_\_\_\_
- \_\_\_\_\_ other \_\_\_\_\_

## DIGESTIVE

- \_\_\_\_\_ constipation \_\_\_\_\_
- \_\_\_\_\_ gas/bloating \_\_\_\_\_
- \_\_\_\_\_ diverticulitis \_\_\_\_\_
- \_\_\_\_\_ irritable bowel syndrome \_\_\_\_\_
- \_\_\_\_\_ other \_\_\_\_\_

## NERVOUS SYSTEM

- \_\_\_\_\_ herpes/shingles \_\_\_\_\_
- \_\_\_\_\_ numbness/tingling \_\_\_\_\_
- \_\_\_\_\_ chronic pain \_\_\_\_\_
- \_\_\_\_\_ fatigue \_\_\_\_\_
- \_\_\_\_\_ sleep disorders \_\_\_\_\_
- \_\_\_\_\_ other \_\_\_\_\_

## REPRODUCTIVE

- \_\_\_\_\_ pregnant? Stage \_\_\_\_\_
- \_\_\_\_\_ PMS \_\_\_\_\_
- \_\_\_\_\_ other \_\_\_\_\_

## OTHER

- \_\_\_\_\_ cancer/tumors \_\_\_\_\_
- \_\_\_\_\_ diabetes \_\_\_\_\_
- \_\_\_\_\_ eating disorders \_\_\_\_\_
- \_\_\_\_\_ depression \_\_\_\_\_
- \_\_\_\_\_ drug/alcohol/caffeine addiction \_\_\_\_\_
- \_\_\_\_\_ thyroid issues \_\_\_\_\_

It is my choice to receive massage therapy. I realize that the treatment is being given for the well being of my body and mind. This included stress reduction, relief from muscular tension, spasm or pain, or for increasing circulation or energy flow. I agree to communicate with my therapist any time I feel like my well-being is being compromised.

I understand that massage therapists do not diagnose illness, disease, or any physical or mental disorder; nor do they prescribe medical treatment, pharmaceuticals, or perform spinal thrust manipulations. I acknowledge that massage is not a substitute for medical examination or diagnosis, and that it is recommended that I see a primary health care provider for that service.

I have stated all of my medical conditions that I am aware of and will update the massage therapists of any changes in my health status.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



**ACADEMY OF MESSAGE ESSENTIALS, LLC**

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**Massage Clinic Policies:**

**UPDATED 9/10/21**

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

Client Initials

- \_\_\_\_\_ **Cancellations/No Shows/Appointment Changes:** AME strongly enforces a 24-hour cancellation policy. **To avoid the \$25 cancellation fee, any cancellations or changes to appointments must be made at least 24 hours prior to the appointment time.** If you cancel/no-show twice, you will be required to prepay for your appointments in the future. Our wish is not to inconvenience you; only to ensure a firm commitment for each appointment. There is a strong demand for student clinic (we are booked an average of two weeks out), and we would like to accommodate as many of our clients as possible.
- \_\_\_\_\_ **Late Arrivals:** If you arrive late, your massage will last for the remaining time. However, you will still be responsible for full payment of the full one-hour session price.
- \_\_\_\_\_ **Confirmation of Appointments:** AME will do their best to provide you with a confirmation call the day before your appointment; however, this is considered a courtesy call and is NOT a guarantee. So, whether or not you receive a confirmation call, you are still responsible for keeping your appointment time. Client consents that AME may leave a message regarding appointments with whomever answers the number given or on voicemail.
- \_\_\_\_\_ **Weather Policy:** In the event of poor weather conditions, we follow District 11. Please contact the school prior to your scheduled appointment. If you are unable to reach the receptionist, our answering system will relay current school closing information. If we are closed, we will contact you the next day we are open and will reschedule you for the earliest convenient opening.
- \_\_\_\_\_ **Clinic Behavior:** We emphasize proper, moral, and professional behavior in our Student Massage Therapy Clinic. Any improper remarks or behavior will not be tolerated and can result in permanent dismissal from student clinic.
- \_\_\_\_\_ **Children:** We strongly encourage our clients to not bring their children with them to their massage session as we cannot be responsible for their care and we must ensure a relaxing environment for all of our clientele. If it is absolutely necessary for you to bring your children, then we will request that they remain in the massage room with their parent/guardian while the massage is being given.
- \_\_\_\_\_ **Therapist Request (student clinic):** **We will do our best to honor special requests for particular student therapists; HOWEVER, we cannot guarantee special requests due to the schedule changes, etc. If your requested therapist is absent, we reserve the right to schedule you with another therapist. If you specifically request a male/female student therapist, we will do our best to accommodate your needs, but again can make no guarantees. If you refuse your massage session, please be aware that you will STILL be charged for the session in full.**
- \_\_\_\_\_ **Essential Oils/Personal Lotions:** If clients are interested in bringing personal essential oils or lotions to their massage session, they should inform AME when booking their appointment. While we will do our best to accommodate the request, we allow the therapist to decline to use essential oils and/or products because a therapist may not be trained in aromatherapy or may have sensitivity to certain oils/products.
- \_\_\_\_\_ **Supervision (student clinic):** Please be advised that because we are a student clinic, at any time, for the safety and learning environment of the therapists, it is appropriate for the Student Clinic Supervisor to knock on the massage room door, enter the room, and observe the massage treatment being given.
- \_\_\_\_\_ **Client/Student Contact:** **There is to be NO personal contact with students outside of Student Clinic while a student is in school. If it is discovered that outside contact is taking place, the client and/or student will be TERMINATED. After graduation, a student is free to contact a client that wishes to follow them in their personal practice.**
- \_\_\_\_\_ **Consent to Policies:** I have read and understand the policies of AME's Massage Clinic and by signing below, I agree to their terms.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature