

New Client Profile



Joseph Mizelle, LMT

Name: _____ Today's Date: _____
Address: _____ Primary Phone #: _____
Secondary Phone #: _____
Email: _____
Birth Date: _____ Occupation: _____
Emergency Contact: _____ Phone#: _____

I generally prefer massage pressure to be: deep medium light not sure

How often do you receive massage/bodywork therapy? _____

How often would you like to receive massage/bodywork therapy? _____

What results do you want from your session today? _____

Please prioritize the areas/issues you wish to receive focused attention: _____

Please circle the areas of your body that you give permission to receive touch:

arms feet legs buttocks back abdomen upper chest neck head face all areas OK

Please list any specific areas to avoid: _____

Are you currently seeing any other health care professionals? If so, please list: _____

Please circle the following conditions that apply to you, and explain on the next page, if needed:

Headaches / Migraines

Skin Problems

Fibromyalgia

Back / Neck Problems

Bruise Easily

Stroke

Leg Pain / Sciatica

Recent Surgery

Menstrual Cramps

Carpal Tunnel

Scoliosis / Kyphosis

Allergies

Arthritis / Bursitis

Digestion / Elimination Issues

Hormonal Imbalance

Blood clots

Osteoporosis

Insomnia

Cyst / Tumor

High / Low Blood Pressure

Depression / Anxiety

Varicose Veins

High / Low Blood Sugar

Jaw Pain / TMJ

Water Retention

Pregnant, ____ weeks

HIV / AIDS

Heart Problems

Multiple Sclerosis

Seizures

Other Health Issues: _____

Medications: _____

Please explain any health issues circled that need further elaboration: _____

Do you exercise currently? Yes / No

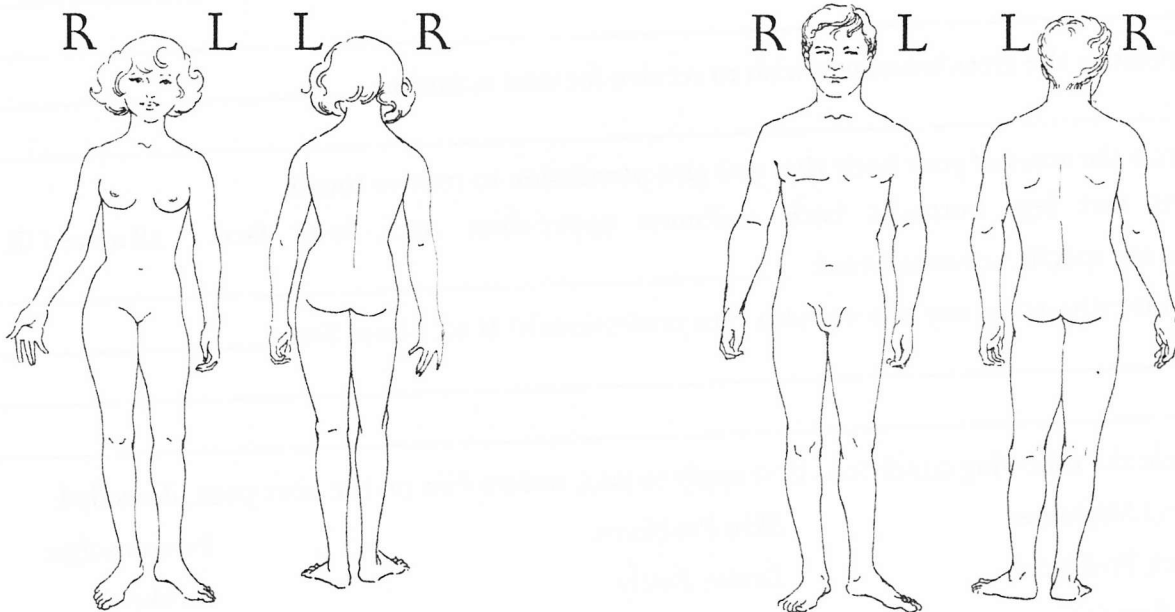
If Yes, what type of exercise and how often? _____

What are the main sources of stress/difficulty in your life? _____

How do you deal with stress, and what brings you joy in life? _____

Is there anything else you would like to have on record? _____

Please indicate on the figures below (using lines, circles, etc.) any areas of pain, tension, or discomfort



I have completed this profile to the best of my knowledge. It is my choice to receive Massage Therapy, and/or Sound Healing and/or Energywork. I realize the therapy given is for stress reduction, relief from tension, to increase circulation and flexibility and for my general well-being. I understand that I am in control of the therapy session at all times, and I agree to communicate directly with Joseph Mizelle at any time during treatment should I feel that my well-being is in any way being compromised. I understand that our time together is valuable and I agree to give at least 24 hours notice should I need to cancel or reschedule. Unless due to emergency, I agree to pay a cancellation fee (\$35) for any missed appointments. I understand that Licensed Massage Therapists do not diagnose illness, disease, or any physical or mental disorder(s). I acknowledge that Massage Therapy is not a substitute for medical examinations or diagnosis and that it is recommended that I see a primary health care provider for that service. I have stated all medical conditions that I am aware of and will update my practitioner regarding any changes in my health status. The undersigned affirms that he/she has read this agreement.

Signature: _____ Date: _____