

Client Information
Textured Motion, Inc

Textured Motion, Inc ACCEPTS MEDICAL INSURANCE for its treatments, made possible through Three Peaks Physical Therapy, PLLC. Please ask your therapist about verification.

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Age _____ Occupation _____

Cell Phone _____ Home Phone _____

Work Phone _____ Referred by _____

Email Address (this is not shared; it is for the purpose of receiving updates/
newsletters from Textured Motion only)

Emergency contact _____ Phone _____

What are your goals in receiving massage?

What are the repetitive postures/motions that you perform at work/other setting?

What are your exercise activities?

Please list any current medications and their purposes:

Massage Informed Consent and Agreement

It is my choice to receive Thai massage, and I understand that the session is intended for relaxation, muscle tension release, increased range of motion, improved circulation, reduced stress, increased energy flow and balance, and a positive opening experience. I understand that Thai massage is not a substitute for medical treatment, examination, or medications, and that it is recommended to concurrently work with my primary caregiver for any condition that I may have. I have informed the Thai massage practitioner of all my known physical and medical conditions and medications, and I will keep her updated to any changes in my health status. I understand that all information regarding my health history, the records of my sessions, and other personal information related to the session will remain in complete confidence. If this information is requested, I will release it under written consent. I will follow the **24-hour cancellation policy** via phone, or I will need to pay the full amount for the massage (unless it is an emergency situation). Please be on time. Thank you.

Signature _____ **Date** _____

Medical History

Please check all that apply to you
(Specify whether currently or previously)

Muscular-Skeletal **Digestive**

- Headaches
- Joint stiffness/swelling
- Broken/Fractured Bones
- Strains/Sprains
- TMJ Dysfunction
- Tendonitis
- Bursitis
- Sciatica
- Arthritis
- Osteoporosis
- Scoliosis
- Shoulder dislocation
- Whiplash
- Knee surgery
- Hip replacement
- Other _____

Nervous System

- Numbness/Tingling
- Sleep disorders
- Cerebral Palsy
- Epilepsy
- Chronic Fatigue
- Parkinson's Disease
- Spinal cord injury
- Carpal Tunnel Syndrome
- Thoracic Outlet Syndrome
- Disc herniation
- Other _____

Circulatory/Respiratory

- Dizziness/Fainting
- Varicose veins
- Blood clots
- Stroke
- Heart condition
- Allergies
- Asthma
- Low/High blood pressure
- Other _____

- Diverticulosis
- Irritable Bowel Syndrome
- Crohn's Disease
- Colitis
- Adaptive Aids
- Diabetes
- Other _____

Other

- HIV
- Fibromyalgia
- Hearing impaired
- Visually impaired
- Surgeries _____
- Drug use _____
- Infectious disease _____
- Depression _____
- Other _____

Reproductive

- Pregnancy
- Menopause
- Pelvic Inflammation Disorder
- Endometriosis
- Hysterectomy
- Cesarean Section
- Other _____

The information provided above is accurate to the best of my knowledge.

Signature _____ **Date** _____