

Adept Therapeutic Massage

600 1st Avenue, Suite #234 Seattle, WA 98104 (206) 623-0227

Health Information Form

Name:		Date:	
Date of Birth:		Date of Injury:	
Address:			
Phone: (Hm)	(Cell)	(Wk)	
Email address:			
Emergency Contact:			
Phone: (Hm)	(Cell)	(Wk)	
Have you received massage therapy before? ___ Yes ___ No Frequency?			
List all conditions currently monitored by a Health Care Provider:			
List current medications. Please include pain relievers and herbal remedies.			
What are your daily activities? Please include any fitness regimen.			
List any activity (including sleep, sitting, driving) that is affected by your injury?			
How do you reduce stress?			
Where do you tend to hold stress in your body?			

*I acknowledge that the above information is complete and accurate to the best of my knowledge.

It is my responsibility to pay for all services provided. **I agree to give a 24-hour notice in the event of a cancellation. If I do not provide Adept practitioner with a proper notice, I am responsible for paying for my allotted time at the current hourly rate.

Name: _____ Date: _____