



2940 W Marine View DR • Everett, WA 98201 • 425.259.9899

**CLIENT REGISTRATION & HEALTH INFORMATION**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMERGENCY CONTACT: Name \_\_\_\_\_ Phone#: \_\_\_\_\_

Please answer the following questions. These questions are for quality control for your personal safety and for an effective massage session. Thank you.

Have you ever had a massage or other type of bodywork before?  Y  N Type: \_\_\_\_\_

How are you feeling? \_\_\_\_\_

Areas of concern? \_\_\_\_\_

Recent injury or surgery?  Yes  No Explanation? \_\_\_\_\_

Current Medications: \_\_\_\_\_

Area(s) of Sensitivity? \_\_\_\_\_

Pregnant?  Yes  No High/Low blood pressure?  Yes  No

I understand that this massage, reflexology or bodywork session is for the purposes of relaxation, stress reduction, and relief from muscle pain or spasm. I further understand that licensed massage practitioners do not diagnose illnesses or prescribe medical or pharmaceutical treatment. It has been made clear to me that this session is not a substitute for medical examination and it is recommended that I contact a licensed health care provider for any medical conditions or concerns that I might have.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Parent/Guardian if under 18yrs Date

**ON-SITE MASSAGE & BODYWORK SERVICES WAIVER**

Privacy is something almost everyone is concerned about when receiving any form of health care. All information revealed during and individual on-site appointment is protected by the healthcare provider-patient privilege. However, in this office setting, confidentiality is partially lost due to: (1) the staff person coordinating the on-site schedule, and (2) visibility of employees going to and from their on-site appointments. By signing below, you agree that Women's Wellness Center, Women's Wellness Center staff or subcontracted staff will not be considered liable for any financial or other damages resulting from any breach of confidentiality committed by other persons in the location. Along with Women's Wellness Center commitment to maintain your privacy, you will also have a responsibility to protect each other's privacy. Nothing in this waiver shall affect the privacy or confidentiality of individual on-site medical records maintained by Women's Wellness Center, Women's Wellness Center staff and subcontracted staff.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Parent/Guardian if under 18yrs Date