

**Gresham Therapeutic Massage Center**  
**1748 NW Fairview Drive, Gresham, Oregon 97030**  
**Phone: 503-492-3910 Fax: 503-674-6706**

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**Confidential Client Information & Health History**

*Please Print Clearly*

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Please send me promotional email  Yes  No

Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

How would you like to receive appointment reminders?  Phone  Email  Text Phone carrier for text messages: \_\_\_\_\_

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

**Please indicate medications you are currently taking:**

- |                                     |   |  |
|-------------------------------------|---|--|
| <input type="checkbox"/> Vitamins   | <input type="checkbox"/> Blood Pressure     | <input type="checkbox"/> Sleep Aid (RX)                |
| <input type="checkbox"/> Pain (OTC) | <input type="checkbox"/> Heart              | <input type="checkbox"/> Diabetes (Oral)               |
| <input type="checkbox"/> Pain (RX)  | <input type="checkbox"/> Anxiety/Depression | <input type="checkbox"/> Diabetes (Insulin injections) |
| <input type="checkbox"/> Antibiotic | <input type="checkbox"/> Birth Control      | <input type="checkbox"/> Other _____                   |
| <input type="checkbox"/> Seizure    | <input type="checkbox"/> Sleep Aid (OTC)    | <input type="checkbox"/> Other _____                   |

Please list any allergies to oils, nuts or ointments: \_\_\_\_\_

Describe any surgeries, hospitalization, illness or injuries you have had in the last 2 years:

Are you currently pregnant?  Yes  No If so, what is your due date? \_\_\_\_\_

**By signing below, I agree and understand the following:**

- ✓ The above information is accurate and true to the best of my knowledge.
- ✓ I take responsibility for alerting my practitioner to any areas that are not to be touched or worked on during my massage and any physical, mental, or emotional changes that occur with my health during and after my massage.
- ✓ Massage therapists do not diagnose disease, prescribe medications, or manipulate bones; also massage therapy is not a substitute for medical attention or examination.
- ✓ Any cancelled or missed appointments without a 24 hour advance notice may be charged in full for the price of the missed session.
- ✓ Therapists reserve the right to refuse service without refund to any client who exhibits inappropriate behavior.
- ✓ I am responsible for any balance owed to GTMC if my insurance is billed and nothing is collected for my visits for any reason.
- ✓ The above information is considered an electronic signature for my massage sessions at GTMC.

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**Client Signature**

**Date**

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**If client is a minor please print guardian name**

**Guardian Signature**