Mort Performance: Client History

- Name____Date____________________________
- DOB__________________ Cell Phone________________________ Work Phone_________________
- Home Phone _______________Address____
- City____ State ___________________Zip________
- E-mail_____________________________________Physician___________________________
- Significant Other____ Phone_________________
- Occupation_______________________________ Referred by_____________________________
- Height_________________________________Weight___________________Smoker? __________
- What are your goals for this treatment? ☐ Relaxation ☐ Stress Relief ☐ Pain Relief ☐ Other__________
- Where are you feeling pain or discomfort____
- Physicians that you have seen for your current discomfort/pain___________________________
- Medical diagnosis____
- At work I mostly do: ☐ Phone ☐ Computer work ☐ Lifting ☐ Sitting ☐ Standing ☐ Driving
- When was your last professional therapy treatment? __________________________________
- What kind of pressure do you prefer? ☐ Light ☐ Medium ☐ Firm ☐ Deep Tissue
- How often do you exercise? ☐ Daily ☐ Weekly ☐ 3-6 times per week ☐ 1-3 times per week
- How much time? ☐ 1-30 minutes ☐ 30 to 60 minutes ☐ Greater than 60 minutes
- What type of exercises or flexibility do you do __________________________________

Please circle any of the following that apply to your condition currently or during the past year. Manual Therapy may be contraindicated unless prescribed because of some medical conditions

Muscle spasms in neck	Limited range of motion	Contagious/infectious disease
Tightness in shoulder muscle	Constipation	Medications
Pain in shoulder (s)	Bladder trouble	Cancer
Pins and needles in hands/feet	Kidney trouble	varicose veins
Headaches	Prostrate problems	Swollen/painful joints
Whiplash	Pains in legs and feet	Skin disorders
Dizziness	Chest pain	Ulcers
Sciatica	Swollen ankles	Fractures
Numbness	Blood Clots/phlebitis	Bruising
Grating in neck	Low/high blood pressure	Difficulty breathing
Hernia	Cold feet or Cold hands	TB
Pinched nerve in back	Diabetes	Herniated or bulging disc
Broken Bones	Metal Implants or screws	Pacemaker
Injuries	Bruise Easily	Epilepsy or seizures
Allergies	Back Pain	Frozen shoulder
Pregnancy	Have on contact lenses	Wearing Dentures
Other conditions:		

I understand that the manual therapy that I receive is provided for the relieft of pain, muscular tension, or athletic performance enhancement. Discomfort and pain can occur with manual therapy treatments. I agree to immediately notify the therapist should I experience any pain or discomfort during this session, or future sessions, so that the pressure and/or strokes may be adjusted to my level of comfort. I take full responsibility for any discomfort that may occur from the treatment and will hold the therapist harmless for any discomfort suffered. I further understand that manual therapy should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, or prescribe treatment for any physical or mental illness, and that nothing said in the course of the session given should be construed as such. I affirm that I have stated all my known medical conditions and answered all questions honestly. I understand that manual therapy should not be performed when certain medical conditions exist, such as cancer, without physician approval. Therefore, I agree to keep the practitioner informed of my current medical condition.

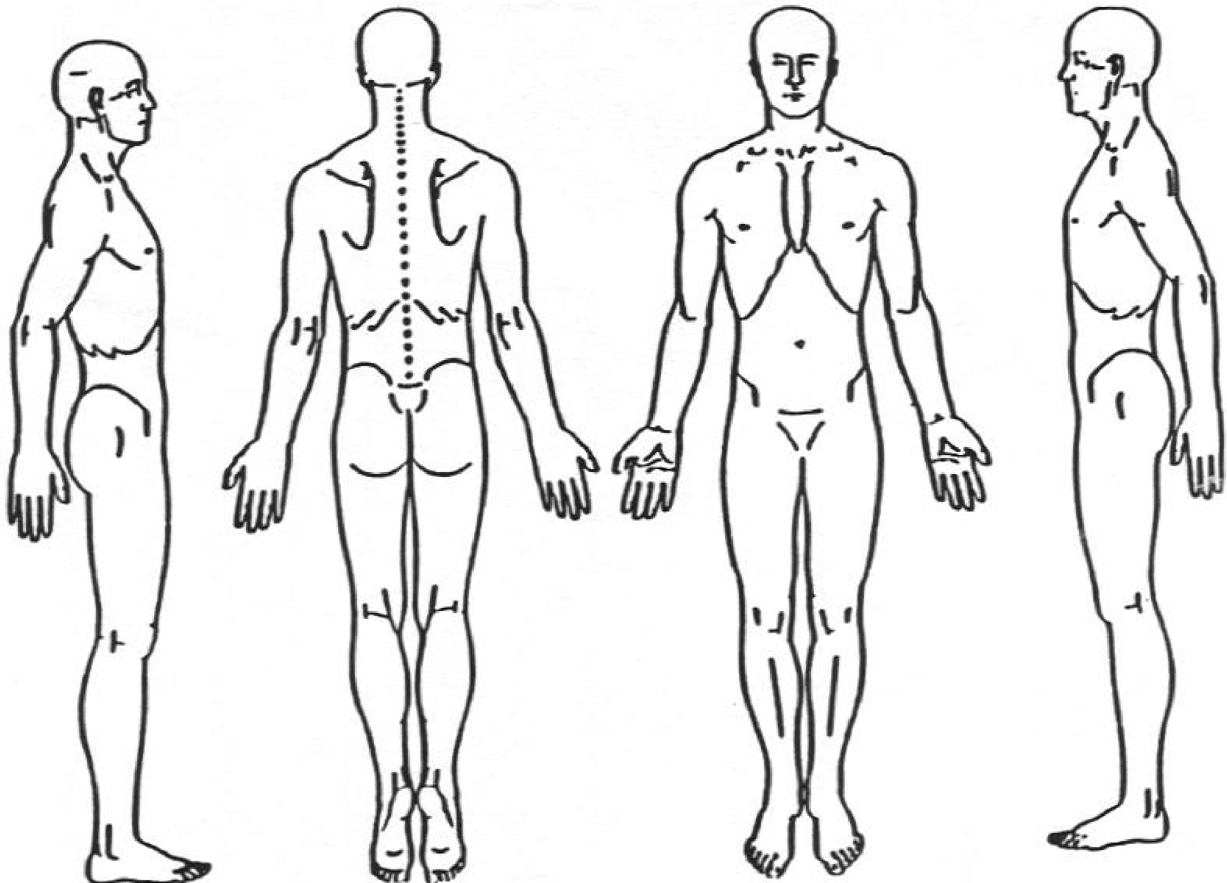
I agree to give at least 24 hours notice to cancel an appointment. Should I fail to give this proper notice I agree to pay the full cost of the time booked.

Client Signature ____ Date ____________________

Consent to Treatment of Minor: By my signature below, I hereby authorize the therapist to administer manual therapy, to my child or dependent, as they deem necessary.

Signature of Parent or
Guardian______________________________Date___________________________

Please color in any area of discomfort



Mort Performance- State College, PA
2009