

CLIENT INFORMATION FORM

Please fill in this form to assist MMC Corporate determining whether you can safely receive massage. All information is optional and kept in the strictest confidence, thank you for your time please print your completed assessment and hand this to your practitioner on Massage Day. We look forward to tailoring our massage service to you.

Company _____ Date _____

Name _____ Occupation _____

Date of birth _____ General health (please tick one) ☐ Very good ☐ Good ☐ Fair ☐ Poor

Previous massage experience (please tick one) ☒ Often ☐ Occasionally ☐ Never

Past injuries/conditions/surgery

Current medication/medical treatment (including homeopathy and other natural therapies)

CURRENT CONDITIONS (please tick if any)

- | | | | |
|---|---|--|--|
| <input type="radio"/> Flu/viral Condition | <input type="radio"/> Fever/High Temp | <input type="radio"/> High/Low Blood Pressure | <input type="radio"/> Epilepsy |
| <input type="radio"/> Arthritis/Gout | <input type="radio"/> Numbness/Tingling | <input type="radio"/> Varicose Veins | <input type="radio"/> Hepatitis A, B or C |
| <input type="radio"/> Digestive Problems | <input type="radio"/> Asthma | <input type="radio"/> Rashes/Open Wounds | <input type="radio"/> Thrombosis (blood clots) |
| <input type="radio"/> Swelling Diabetes | <input type="radio"/> Dizziness | <input type="radio"/> Fatigue/Exhaustion | <input type="radio"/> Pregnancy, weeks _____ |
| <input type="radio"/> Headaches | <input type="radio"/> Sleep Disturbance | <input type="radio"/> Other (please specify) _____ | |
| <input type="radio"/> Infectious Disease Allergies (please specify) _____ | | | |
| <input type="radio"/> Heart Problems/Chest Pain Cancer (please specify) _____ | | | |

If you have any of these conditions, please email your completed form to admin@corporatemassage.co.nz at least two days prior to massage day. You will also need a printed copy to hand to your practitioner on Massage Day. To ensure your safety, we may request further information regarding your condition.

Do you wear: ☐ Contact Lenses ☐ Hearing Aid ☐ Other? (Please specify, e.g. joint replacement)

Are there any areas of your life that are particularly stressful at present?

Do you participate in any sport or exercise?

What would you like to achieve from your massage session?

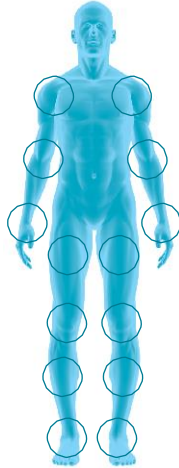
Are there any massage techniques you find particularly effective or you would like our practitioner to avoid?

Do you experience muscle tension/aches/cramps or are there any areas of your body that are painful to move? Please indicate on the figures below:

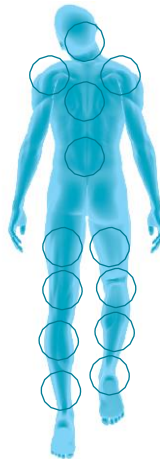
YOUR RIGHT
SIDE



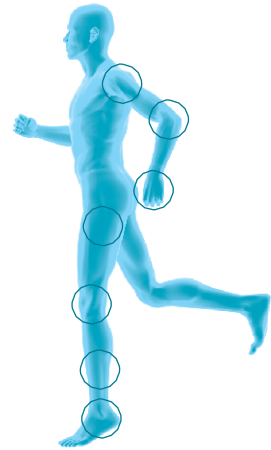
FRONT



BACK



YOUR LEFT
SIDE

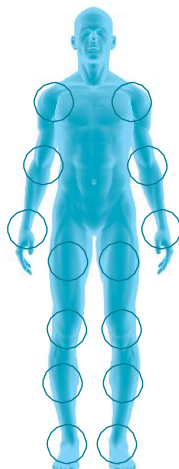


Please indicate on the figures below any areas you would like massaged within the allocated time-frame:

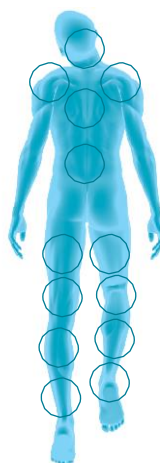
YOUR RIGHT
SIDE



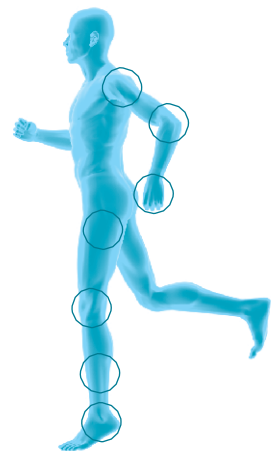
FRONT



BACK



YOUR LEFT
SIDE



CLIENT AGREEMENT

I agree that all the above information is correct.

I will not in any way hold MMC Corporate or my employer accountable if I have failed to disclose any information which has led to an incorrect analysis by an MMC Corporate Practitioner and has caused injury or illness of any type.

I understand that MMC Corporate Massage Practitioners are under contractual agreement, which prevents them from accepting requests for any type of massage service from MMC Corporate Clients and their associates, friends, and Relatives. This includes sharing any contact details between any of these parties.

Client Signature _____

Name _____

PRACTITIONER AGREEMENT

I confirm that I am a fully qualified Massage Practitioner. I have agreed to and abide by the MMC Corporate Ltd code of ethics which is available for review by the above client at any time. I will not provide an analysis or administer therapy that is beyond my area of expertise. Records, where relevant, will be updated and kept on file and accessible on request by MMC Corporate Ltd and the Client. Any changes to information will be signed off by the Client.

Practitioner Signature _____

Name _____

Date _____