



Panda Daze Massage
Amanda Doran LMT#127376

Client Information Form

Today's Date _____

Name _____ DOB _____ Age _____ Gender _____

Address/City, State/ Zip _____

Phone # _____ Work Phone # _____

E-mail _____

Occupation & Where _____

Other Activities _____

General Health Condition _____

Any injuries, open wounds or bruises? _____

List any serious or chronic illness, operations, chronic virus infections, or traumatic accidents you have had. _____

Any surgeries or accident in the last two years? _____

Are you recovery for addictions or abuse? _____

Are you under a doctor's, chiropractors, or other health practitioner's care? _____

If so, for what conditions? _____

Are you on any medications? _____ If so, what? _____

Do I have your permission to contact you doctor's or therapist? Yes / No

Names of doctors, chiropractors, or health practitioner:

Name _____ Phone _____ Fax _____
Address _____ City _____ State _____ Zip _____
Email _____

*You may use the back of this sheet if you have more than one doctor or health practitioner.

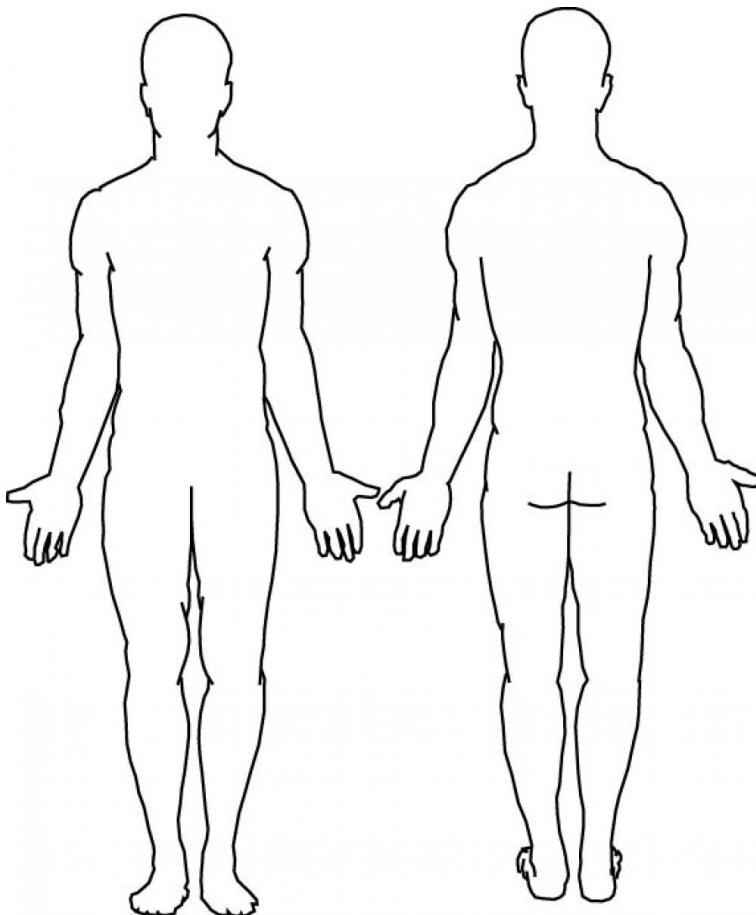
Have you ever had a massage before? _____

If yes what did you like best? _____

What results would you like to achieve with my services? _____

Do you have any of the following? (circle) Neck pain / Headaches /
Shoulder pain / Back pain / Joint pain / Sciatica / Arthritis / Sprains /
Strains / Carpal tunnel / Other: _____

Please indicate below everywhere you have discomfort.



How did you find out about Panda Daze Massage? _____

Were you referred to this office? Yes / No

If yes, by whom? _____

In case of emergency notify Name _____

Phone # _____ Relationship _____

I have completed this information form to the best of my knowledge. I understand the massage services are designed to be a health aid and are not in no way to take place of a doctor's care when it is indicated. Information exchanged during any massage session is educational in nature and is intended to help me become more familiar and conscious of my own health status and is to be used at my own discretion.

Signature _____ Date _____

Therapist notes by - _____ Date _____

Acknowledgement of Notice of Privacy Practices

The law requires that Panda Daze Massage makes an effort to inform you of your rights related to your personal health information. By signing below, I acknowledge that:

- ___ I have read or had explained to me Panda Daze Massages Notice of Privacy Practice and agree to continue my care with Panda Daze Massage under said terms.
- ___ I was given the opportunity to read Panda Daze Massages Notice of Privacy Practice and declined but wish to continue my care with Panda Daze Massage under the terms of Panda Daze Massages privacy policies.
- ___ I have read or had explained to me Panda Daze Massages Notice of Privacy Practice and do not wish to continue my care with Panda Daze Massage under said terms.
- ___ The Notice of Privacy Practice could not be read due to the emergent nature of the care of other reason described as

I HAVE READ AND UNDERSTAND THIS FORM. I AM SIGNING IT VOLUNTARILY.

Patient _____ Date _____

If you are signing as a personal representative of the patient indicate your relationship.

Rep. _____ Date _____