



**Hands with Heart
Massage Therapy and
Muscle Activation Technique**

**908 N. Elm Street, Suite 404
Hinsdale, IL 60521
630.655.9907
www.ckhandswithheart.com**

CLIENT INFORMATION

Name: _____ E-mail: _____
Address: _____ Phone: _____
_____ D.O.B: _____

1. When was the last time you received a massage or body treatment?

2. What bodily challenges do I need to be aware of?
(i.e., surgeries, injuries, restricted range of motion, allergies, diabetes, arthritis, osteoporosis, any medications)

3. Where does your body hold stress the most?

4. Tell me what you're doing consistently to manage stress and take care of your body.

"I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscle tension. If I experience any pain or discomfort, I will immediately inform the therapist. I further understand that this session should not be construed as a substitute for medical examination, diagnosis or treatment."

A 24 hour cancellation notice is required to avoid charges.

Client Signature: _____ Date: _____