

Bridget Rego, LMT #10631
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(503) 869-5105

Name: _____ Date: _____

Address: _____ City/Zip: _____

Occupation: _____ Date of Birth: _____

Email address: _____

Referral name: _____

In case of an emergency please contact: _____

Insurance ID #: _____ Group #: _____

Insurance Company: _____ Claim #: _____

If MVA, Contact name, phone and address: _____

Have you ever received a professional massage?

How are you feeling today? What are the goals you would like massage to help you achieve?

Do you have any long-standing illnesses or injuries? Please state approximate dates and current status?

Are you under the care of a physician/health care provider? If so, for what reason?

Please list any and all drugs/medications/herbs you are currently taking and intended use.

Massage therapy is intended to enhance relaxation, reduce pain from muscle tension, improve circulation and offer a positive experience of touch. I understand that massage is not a substitute for medical treatment and that the therapist does not diagnose illness or disease nor prescribe medication or remedies. I have disclosed all known medical conditions, medication and or injuries I have or have had in the past and failure to list any illness or treatment may result in adverse affects. I understand that payment is due at the time of service.

Client Signature: _____

To thank you for referrals, I offer one half hour of massage for each referral. The half hour will be added to your next appointment following the referral appointment. Your name must be listed as the referrer.