

**Open Hands Musculotherapy, LLC
Danae Miley, BSCH, LMT, RCR**

Client Information and Release

Thank you for your interest in massage, bodywork, and somatic therapies. Please fill out the information below and give your completed form to the massage practitioner.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ E-Mail: _____

Age: _____ Today's Date: _____

Are you currently suffering from any ailment that could be affected by today's massage/bodywork?

Yes _____ No _____

If yes, please explain: _____

If yes, are you currently under a doctor's supervision for this ailment?

Yes _____ No _____

Please read the following statement, then sign and date below to indicate that you have read and understand the statement.

The practitioner whose signature appears below is not responsible for the aggravation of conditions that were present, but not disclosed, at the time of the massage and which may be affected by the massage/bodywork.

Print Name: _____

Date: _____

Signature: _____

FOR MESSAGE THERAPIST USE ONLY

Name: _____

PEC _____ Yes _____ No _____

Comments: _____
