



Liz Card, Certified & Registered Massage Therapist  
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## CLIENT FORM & DISCLOSURE INFORMATION:

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Today's Date: \_\_\_\_\_ Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Are You On Any Medication(s)?:  Yes  No If Yes, Please List: \_\_\_\_\_

Are You Currently Pregnant or Trying? (*female only*):  Yes  No Notes: \_\_\_\_\_

Reason For Your Visit Today: \_\_\_\_\_

Please List Any And All Allergies: \_\_\_\_\_

Have You Endured Any Major or Minor INJURIES Over The Past 5 Years?:  Yes  No

If Yes, Please Explain: \_\_\_\_\_

Have You Undergone Any Major or Minor SURGERIES Over The Past 5 Years?:  Yes  No

If Yes, Please Explain: \_\_\_\_\_

Please Check Below The Area(s) Of Your Body That You Are Comfortable Receiving Treatment:

Hands  Feet  Abdomen  Head  Face  Chest

How Did You Hear About Soma Healing?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I understand that the information provided above will be treated in complete confidence. I understand that I will need to update my therapist with any new health-related issues prior to each session. I understand that the massage and/or bodywork that I receive is provided for the relief of muscular tension and soreness only, and if I experience any pain or discomfort during my scheduled session, I will inform the therapist immediately. I acknowledge that I have stated all of my known medical conditions accurately and I have answered all questions above to the best of my knowledge. I understand that there shall be no liability on the part of the therapist should I fail to do so. I understand that everyone gets a ONE-TIME, last-minute cancellation. However, any cancellations afterwards made within 24 hours will be charged in full. Thank you.*

Client's Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_