



DeeEtte C. Bruns, LLC

Licensed Massage Therapist

92 James Street • Bangor, Maine 04401

(207) 947-0361

deetteb@gmail.com

~ CLIENT INFORMATION ~

Date \_\_\_\_\_

Name \_\_\_\_\_ Telephone (     ) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

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

Male  Female Social Security # \_\_\_\_\_ Home Telephone \_\_\_\_\_ Cell \_\_\_\_\_

Employed by \_\_\_\_\_ Work Telephone (     ) \_\_\_\_\_

Occupation \_\_\_\_\_ Email \_\_\_\_\_

Referred by \_\_\_\_\_

In case of emergency \_\_\_\_\_ Telephone (     ) \_\_\_\_\_

Physician \_\_\_\_\_ Chiropractor \_\_\_\_\_ Osteopath \_\_\_\_\_

Please take a moment to carefully read the following information and circle where indicated. If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated; colds, flu, infections, rashes, or certain medications. A referral from your primary care provider may be required.

Have you ever experienced a professional massage or bodywork session? \_\_\_\_\_ How recently? \_\_\_\_\_

**If you suffer from any of the following; please circle any that apply and explain below as clearly as possible.**

- Stress
- Diabetes
- Poor memory
- Cardiovascular/heart or circulatory problems
- Pregnant
- Contact lenses
- Dentures, partials
- High blood pressure
- Low blood pressure
- Broken bones in the past two years
- Arthritis
- Joint swelling
- Osteoporosis
- Varicose veins
- Epilepsy or seizures
- Hearing problems
- Dizziness
- Bruise easily
- Have you been in an accident or suffered any injuries in the past two years? Please list details \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- Indigestion
- Speech problems
- Tension or soreness in a specific area
- Weakness
- Sensitive to touch or pressure in any area
- Numbness or stabbing pains
- Neck or back pain
- Scoliosis
- Respiratory or lung problems
- Asthma
- Insomnia
- Allergies
- Headaches, how frequent?
- Contagious diseases? Colds / Flu
- Lack of exercise
- Fatigue
- Have you ever had surgery? Explain below.
- Do you have any other medical condition? Are you taking any medications? Please list. \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



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I, the undersigned, understand that the massage/bodywork provided is for the purpose of relaxation, relief from muscular tension or spasm, for increasing circulation and energy flow. If I experience any pain or discomfort during this session, I will immediately inform DeeEtte Bruns so that the pressure and/or strokes are adjusted to my level of comfort. I further understand that massage and/or bodywork is not a substitute for medical examination and/or diagnosis and it is recommended that I see a medical physician, chiropractor or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal adjustments, diagnose or prescribe medications or treat mental illness, and that nothing said in the course of the session should be construed as such. Because massage should not be performed under certain medical conditions, for example: colds, infections, rashes, certain medications, I have stated all my known medical conditions and answered all questions honestly. I agree to keep DeeEtte Bruns updated as to any changes in my medical profile and understand that there shall be no liability on DeeEtte Bruns' part should I fail to do so.

- 1. Sessions begin and end at scheduled times. Sessions begun late due to the client arriving late end at the appointed time and are full price.**
- 2. Be present (not under the influence of alcohol or drugs).**
- 3. Clients provide a health history and update when necessary.**
- 4. If cancellation is necessary, please give 24-hour notice or you are charged for the appointment unless it can be filled. Emergency cancellations are determined at the practitioner's discretion.**
- 5. Payment is expected at the time service is rendered.**
- 6. If a client does not arrive within 15 minutes of the appointed time, he or she will be charged for the full appointment.**

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Print Name \_\_\_\_\_

Practitioner Signature \_\_\_\_\_ Date \_\_\_\_\_

**Consent to Treatment of Minor:** By my signature below, I hereby authorize to administer massage, bodywork or somatic therapy techniques to my child or dependent as they deem necessary.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_



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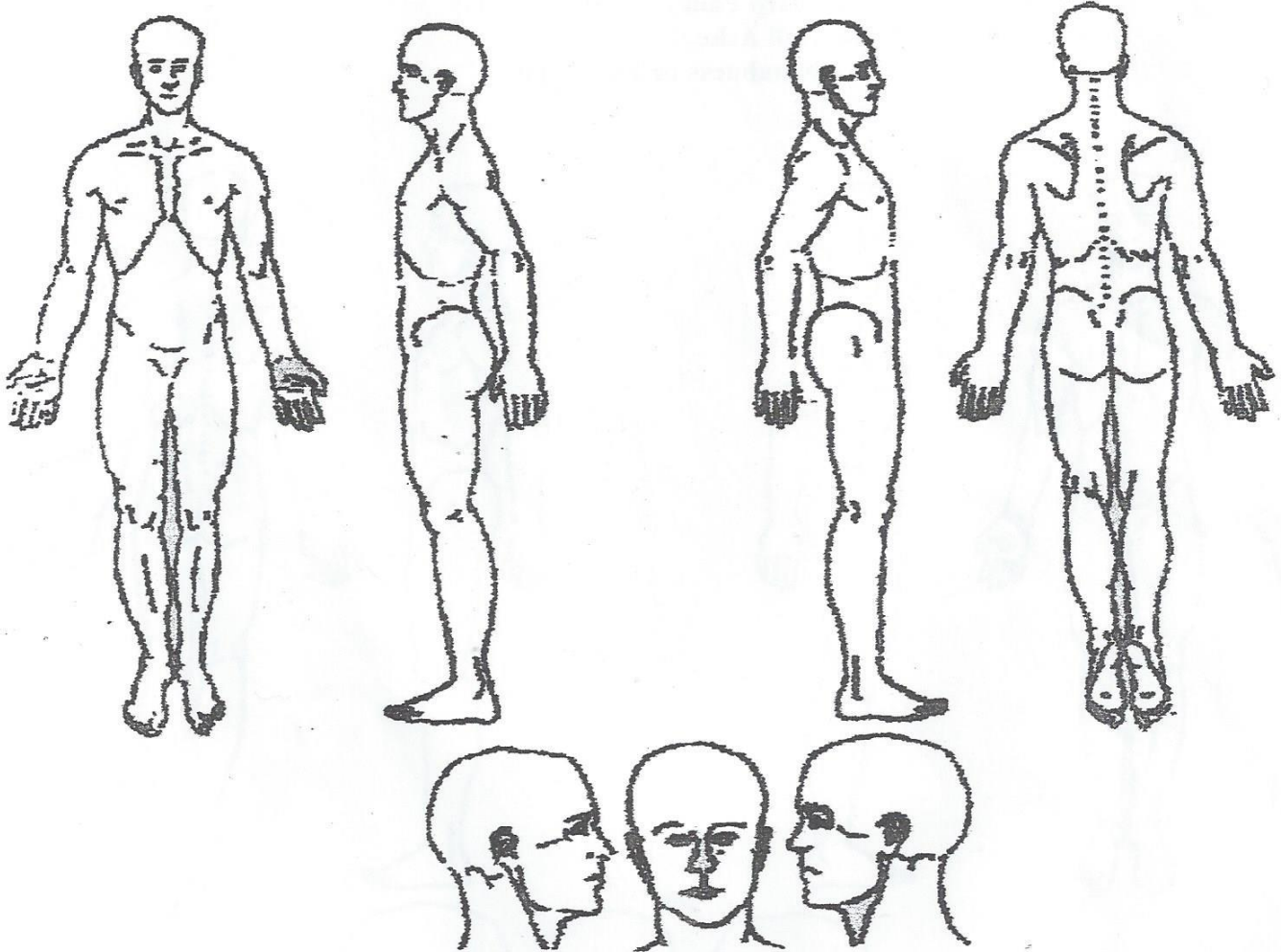
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**Please mark on the drawing below the areas where you are feeling pain or discomfort.  
Use S, A, or N to indicate the type of pain experienced in any given area.**

**S = Sharp Pain**

**A = Dull Ache**

**N = Numbness or Tingling**



Signature \_\_\_\_\_

Date \_\_\_\_\_