



O'Neill Physical Therapy  
227 N. Cleveland Avenue  
Hagerstown, MD 21740  
301-733-3844

Jennifer Robertson, P.T.A., L.M.T.  
Brenda DeSutter-Gue, P.T., L.M.T.

### NEW CLIENT INFORMATION

DATE \_\_\_\_\_ Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_

Home \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

Are you currently under a doctor's or therapist's care? \_\_\_\_\_ If yes, for what reason? \_\_\_\_\_

Have you ever had a professional massage or other type of body work? \_\_\_\_\_ If yes, what kinds? \_\_\_\_\_

What do you hope to gain from massage? \_\_\_\_\_

Please circle any of the following which presently apply to you:

- |                |                       |                 |
|----------------|-----------------------|-----------------|
| Allergies      | Cold or Flu           | Osteoporosis    |
| Arthritis      | Diabetes              | Phlebitis       |
| Aids/HIV       | Disc Problems         | Pregnant        |
| Blood Clots    | Heart Disease         | Recent Surgery  |
| Blood Pressure | Headaches             | Seizures        |
| Bone Injury    | Infections            | Skin Conditions |
| Bruise Easily  | Numbness and Tingling | Varicose Veins  |
| Cancer         | Joint Injury          |                 |

Any other conditions, please describe:

\_\_\_\_\_  
\_\_\_\_\_

List Current Medications: \_\_\_\_\_

I understand that massage practitioners are not trained in the diagnosis and treatment of diseases. I confirm that I have consulted a medical doctor about the conditions circled above and have received authorization to have massages. By signing this release, I do hereby waive and release the massage practitioner from all liability: past, present and future.

I recognize the 24 hour (one business day) for cancellation of appointments is required. If I fail to give proper notice I will be billed a \$30.00 fee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

New massage client form  
HP front office 11/14/19