



Name _____ Date ____ - ____ - ____ Gender _____

Phone (H) _____ (W)/(C) _____ Occupation _____

Email _____ Birth date ____ - ____

Address _____ City _____ State ____ Zip _____

Emergency Contact & Phone _____

Primary Reason for Massage (e.g., manage pain, relieve discomfort, maintain health, reduce stress, simply relax, etc.):



Have you ever had a professional massage before? Yes No
How recently? _____

Please check all that apply:

- Yes No Do you frequently suffer from stress?
- Yes No Do you have diabetes?
- Yes No Do you experience frequent headaches?
- Yes No Are you pregnant? If yes, when are you expecting _____
- Yes No Have you experienced any falls, injuries, accidents, or visited a physician in the past 72 hours?
- Yes No Do you suffer from arthritis?
- Yes No Are you wearing contact lenses?
- Yes No Are you wearing dentures?
- Yes No Do you have high blood pressure?
- Yes No Do you suffer from epilepsy or seizures?
- Yes No Do you suffer from joint swelling?
- Yes No Do you have varicose veins?
- Yes No Do you have osteoporosis?
- Yes No Do you have any allergies, specifically topical? Please list: _____
- Yes No Do you bruise easily?
- Yes No Have you had any broken bones in the past two years?
- Yes No Have you been in an accident or suffered any injuries in the past two years?
- Yes No Do you have tension or soreness in a specific area?

Please specify _____

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- Yes No Do you have cardiac or circulatory problems?
 - Yes No Do you suffer from back pain?
 - Yes No Do you have numbness or stabbing pains anywhere?
 - Yes No Are you very sensitive to touch or pressure in any area?
 - Yes No Have you ever had surgery? Explain below.
 - Yes No Do you have any other medical condition?

Comments _____

Yes No Are you taking any medications, prescriptions, or over the counter drugs?

Comments _____

Please mark any areas of special attention, tension, sensitivity, or pain on the diagram:

O=Pay Special Attention to

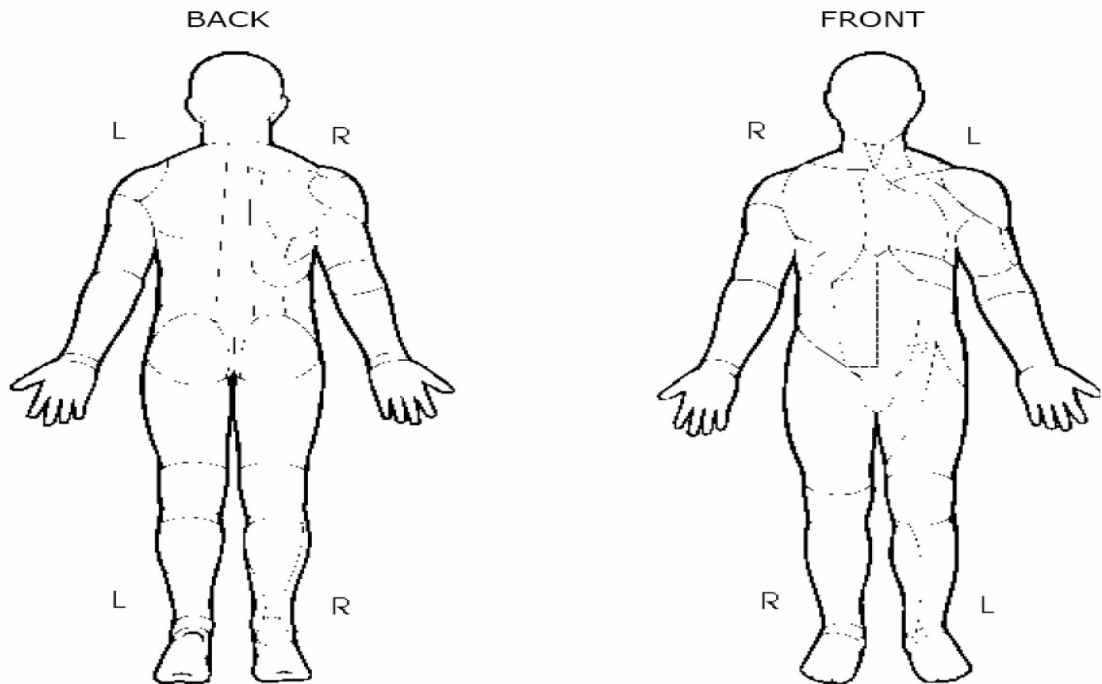
X=Pain

A=Avoid

L=Ticklish

T=Tension

S=Sensitivity



- ☞ Techniques to be used may include Swedish, Deep Tissue, Trigger Point, Reflexology, Joint Range of motion techniques and stretches
- ☞ Body parts to be massaged include the face, neck, shoulders, back, arms, buttocks, hip flexors, legs (front and back), pectorals, abdominals, ribs, and feet.
- ☞ The massage therapist WILL NOT engage in breast massage. Genitals are always EXCLUDED.
- ☞ Standard draping will be used, meaning only the body part being massaged will be exposed

I understand that the massage therapist does not prescribe medical treatment or pharmaceuticals, or nor does he/she perform any spinal adjustments. Massage therapy is not a substitute for medical examinations and diagnosis. It is recommended that I see a physician for any physical ailment that I might have. I understand that the massage therapist does not diagnose illness, disease, or any other physical or mental disorders. Any sexual misconduct exhibited by the client will result in immediate termination of the session, and the client will be liable for payment of the scheduled appointment. If for an reason the client is uncomfortable, the client may ask the therapist to cease the massage and the therapist will end the session. Please call at least 8 hours in advance to cancel, we will be happy to reschedule. If you skip an apointment without notice, you will be charged 1/2 price for that appointment.

I have reported all health conditions that I am aware of and will inform my practitioner of any changes in my health. All the information provided above is, to the best of my knowledge, correct and current.

Signature _____ Date _____

Therapist _____ Date _____