CONFIDENTIAL INFORMATION

Welcome. We want to make your appointment as pleasant and comfortable as possible.
If at any time you have questions regarding your therapy session, please let us know.

NAME _____ HOME # _____ CELL _____ WORK # _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ AGE _____ M _____ F _____ MARITAL STATUS _____

OCCUPATION _____ REFERRED BY _____

HAVE YOU EVER RECEIVED MASSAGE THERAPY? YES ❑ NO ❑ email _____

TYPE OF MASSAGE EXPERIENCED: ❑ DEEP TISSUE ❑ SWEDISH ❑ OTHER _____

ARE YOU TAKING MEDICATION? _____ DESCRIBE _____

ARE YOU PREGNANT? _____

HAVE YOU CONSUMED ALCOHOL IN THE PAST 24 HOURS? YES ❑ NO ❑

DO YOU HAVE A HISTORY OF THE FOLLOWING?

- ❑ accident
- ❑ neck pain
- ❑ whiplash
- ❑ headaches
- ❑ shoulder pain
- ❑ upper back pain
- ❑ mid back pain
- ❑ low back pain
- ❑ joint ache
- ❑ decreased range of motion
- ❑ broken bones
- ❑ sciatica
- ❑ sprains
- ❑ seizures
- ❑ abdominal pain
- ❑ nervous tension
- ❑ arthritis, bursitis or gout
- ❑ allergies to oils or perfumes
- ❑ wear contacts
- ❑ scoliosis
- ❑ surgery
- ❑ fibromyalgia
- ❑ carpal tunnel syndrome
- ❑ mastectomy
- ❑ breast augmentation
- ❑ diabetes
- ❑ varicose veins
- ❑ high blood pressure
- ❑ stroke
- ❑ heart attack
- ❑ cancer
- ❑ colitis
- ❑ HIV
- ❑ _____

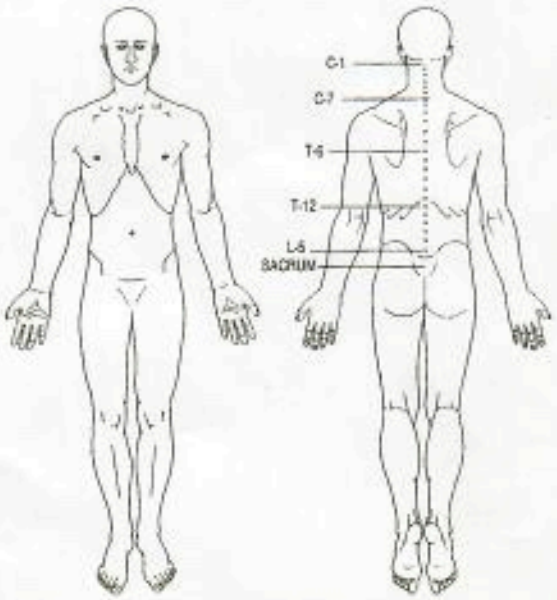
Please indicate your consumption level:

	None	Light	Moderate	Heavy
salt	❑	❑	❑	❑
sugar	❑	❑	❑	❑
caffeine	❑	❑	❑	❑
tobacco	❑	❑	❑	❑
alcohol	❑	❑	❑	❑
exercise	❑	❑	❑	❑
water	❑	❑	❑	❑

DO YOU HAVE ANY OF THE FOLLOWING TODAY:

- ❑ sunburn
- ❑ inflammation
- ❑ severe pain
- ❑ headache
- ❑ open cuts, bruises, burns
- ❑ irritated skin rash
- ❑ poison ivy
- ❑ cold/flu

PLEASE INDICATE WITH AN (X), THE AREAS YOU ARE FEELING DISCOMFORT



WHAT ARE YOUR GOALS/EXPECTATIONS FOR THIS THERAPY SESSION?

_____

_____

_____

PLEASE READ THE FOLLOWING AND SIGN BELOW:

- I understand that this massage is not a replacement for medical care and that no diagnosis will be made.
- I am responsible for paying for any appointment cancellation of less than 24 hours.

DATE: _____ SIGNATURE _____

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