

Date of first appointment: _____

Length & time of session: _____

CLIENT INFORMATION

NAME: _____ PHONE: _____

DATE OF BIRTH: _____

ADDRESS: _____ City: _____

State: _____ Zip: _____ cell: _____ work: _____

REFERRED BY: _____

EMERGENCY CONTACT: _____ PHONE: _____

Your email: _____

YOUR OCCUPATION: _____

GENERAL INFORMATION. AND MEDICAL HISTORY:

Ever experienced a professional massage? _____ Type(s)? _____

Circle one: Here for **relaxing massage?** or, **specific, deeper work?**

What results do you want from your massage sessions?

Prioritize the areas you would prefer to be massaged:

Are you "scent sensitive" or have a problem with certain oils or lotion? Yes or no

Please circle the areas of your body that you give permission to receive :

head/scalp back legs gluteus
arms abdomen face
neck feet hands
chest/pectoralis muscles

Circle one: What type of pressure do you like? **Light,** **Medium,** or **Deep**

Are you sensitive to pressure or touch in a *specific* area? _____

Do you frequently have stress? _____ how often? _____

Where in your body do you experience it? _____

Do you frequently have headaches? _____ how often? _____ do you have one now? (at the time of your appt.) _____ Where do you feel it?

Do you wear contact lenses? _____ Have Dentures? _____

Are there any physical, emotional, or mental sensitivities I should be aware of?

Are you diabetic? _____ If so, are you on medication? _____ Type 1 or 2?

High blood pressure? _____ If so, are you taking medication? _____

Current other medications, remedies or herbs: _____

Please describe any other medical history I should be aware of:

Surgeries?

Cancer history? Treatments?

Broken bones? Treatments?

Disc problems? Treatments?

Do you see a psychotherapist? _____ Receiving a massage / touch can be a deep experience. Sometimes issues held in the tissues will surface. Be it physical or emotional. Are there any issues you are dealing with that you'd like me to be aware of?

Chiropractor? _____ Chiropractor's name phone: _____

Acupuncture? _____ Name and number: _____

Are you on a homeopathic remedy right now? _____

*Please feel free to fill me in on *any* thing else you'd like me to be aware of:

I ask that you please take a moment to carefully read the following and sign:

I am aware of a 24 hr. cancellation policy and that I agree to pay for the session missed if I do not call to cancel 24 hours. I am accountable if something else comes up during that time and I do not make my appointment. I am aware of the massage policy, including the email policy if I need to cancel or reschedule. (entire massage policy on separate page)

Massage may be contraindicated in some medical or specific conditions. A referral from your primary doctor may be required.

Please understand massage/bodywork is provided for the basic purpose of relaxation and relief of muscular tension. The massage practitioner is not qualified to give a diagnosis, I must go to a qualified medical specialist for that. If I experience pain or discomfort I will inform the practitioner to adjust my level of comfort.

WHAT DO YOU DO TO KEEP YOUR BODY HAPPY?

Your signature:

Date:

