

Please Print Legibly

Name _____
 Email _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Birthday _____
 Referred By _____
 In Case of Emergency Please Contact _____ Phone _____

General & Medical Information

Y N Have you ever had a professional massage? If yes, how often? _____
 Y N Are you pregnant? If yes, how far along are you? _____
 Y N Are you sensitive to touch/pressure in any area? (ticklish?) _____
 Y N Do you wear contacts or dentures? If so, which? _____
 Y N Do you have any food allergies? If so, what? _____
 Y N Do you exercise or participate in any sports activities? If so, what? _____
 Y N Are you allergic or sensitive to any oils (essential oils, nut oils, scents)? If yes, please list:

List of current medications and reason: _____

List of surgeries (type and date): _____

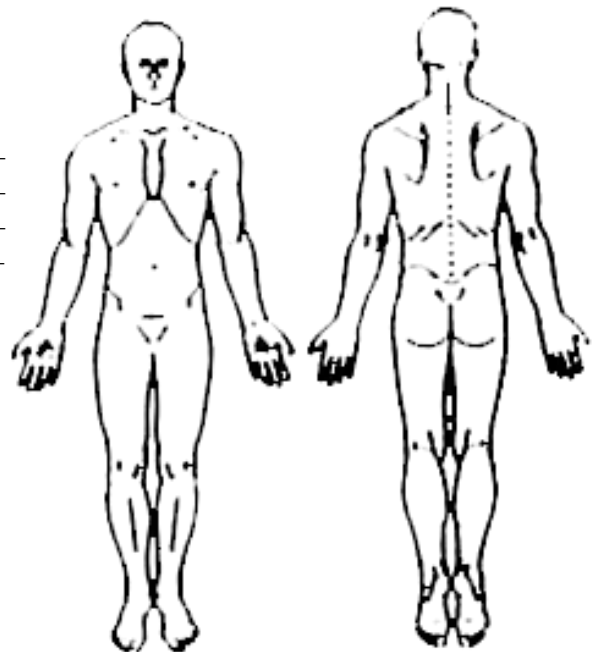
Indicate Areas of Pain/Tension

On a scale from 1-10, 10=highest, rate your level of:
 Stress _____ Pain _____ Energy _____
 How did your symptoms begin and when did they start?

What have you done for relief? _____
 Is the condition getting better/worse? _____

Please check all that apply:

- Skin condition-rash, warts, hives, skin cancer, other _____
- Lymphatic condition-swollen gland, nasal congestion, lymph edema
- Joint problems/stiffness-arthritis, sacroiliac problems, TMJ, other
- Bone Condition-osteoporosis, fracture, other _____
- Headaches
- Recent injury or accident-whiplash, sprain, bruise, other _____
- Circulatory Condition-high blood pressure, varicose veins, blood clots
- Numbness/Tingling, Sciatica
- Tendonitis, Bursitis
- Diabetes



I, _____ understand that the massage therapy I will be given is for the purpose of stress reduction, relief from muscular tension or spasm, for increasing circulation and energy flow, and for relaxation. I understand that the massage therapist does not diagnose illness, disease or any other physical or mental disorder. The therapist does not prescribe medical treatment or medication. I understand that massage therapy is not a substitute for medical examinations and/or diagnosis and that it is recommended that I see a physician for any physical ailments. Because a massage therapist must be aware of any existing physical conditions, I have stated all known medical conditions and will notify the therapist of any changes in my health. With this in mind, I agree to have massage therapy and hold the therapist harmless for any problems that might arise as a result of any message sessions.

Signature _____ Date _____