



Patient Information

Name _____
 Address _____
 City _____
 State _____ Zip Code _____
 Email _____
 Occupation _____
 Employer _____
 Birthday _____

Phone Numbers

Home Phone _____
 Cell Phone _____

In Case of Emergency

Name _____
 Relationship _____
 Best Phone Number _____

Health History

Primary Physician _____ Phone Number _____

List Current Medications and Purpose _____

Please check any condition that you have or have had:

Musculo-Skeletal

Headaches
 Migraines
 Back Pain
 Shoulder Pain
 Neck Pain
 Tendonitis
 Bursitis
 Jaw Pain/TMJ
 Osteoporosis
 Scoliosis
 Joint Pain
 Other _____

Circulatory/Respiratory

Cold Feet/ Hands
 Varicose Veins
 Blood Clots
 Stroke
 Heart Disease
 Lymph edema
 High Blood Pressure
 Low Blood Pressure
 Sinus Problems
 Asthma

Skin

Rashes
 Athlete's Foot
 Allergies
 Warts
 Acne
 Cosmetic Surgery
 Other _____

Digestive

Indigestion
 Constipation
 Diverticulitis
 Irritable Bowel Syndrome
 Colitis
 Crohn's Disease
 Other _____

Nervous System

Numbness/Tingling
 Fatigue
 Chronic Pain
 Epilepsy
 Multiple Sclerosis
 Parkinson's Disease

Reproductive

Pregnancy
 Current #of weeks _____
 Previous
 PMS
 Menopause
 Endometriosis
 Hysterectomy
 Prostate Problems
 Other _____

Other

Depression
 Confusion
 Surgery _____
 Alcohol Use _____
 Caffeine Use _____
 Nicotine Use _____
 Hearing Impaired
 Visually Impaired
 Fibromyalgia
 Diabetes
 Type I _____
 Type II _____
 Cancer _____

Massage History/Session Information

Have you received Therapeutic Massage or Bodywork?

Date of Treatment

What type of treatment did you receive?

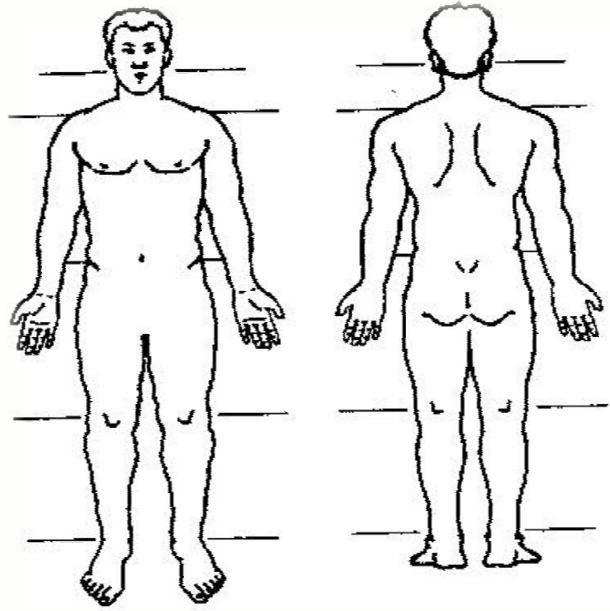
Using this diagram, please mark your areas of:

Pain with an X

Tension with an O

Numbness with an S

What are your goals/expectations for this session?



Office Policies and Massage Etiquette

As Massage Therapists, we do not diagnose, treat or cure disease or a medical condition. We further certify that any statements made during a session are not intended to be prescriptive or diagnostic.

Please, plan to arrive a few minutes early to check in and relax. Be considerate so that we can fulfill our commitment to see you and others on time.

Feedback, during and after the treatment is highly welcomed and encouraged. Open, communication during the therapy session will increase your satisfaction and educate you on what you are experiencing.

You will be draped with a sheet and/or large blanket for the entire massage treatment. The draping will be adjusted to uncover only the area of the body, which is receiving massage. At no time will a treatment be given with insufficient draping to any client male or female.

This is a therapeutic massage and any sexual remarks or advances will terminate the session and I will be liable for payment of the session

A 24-hour notification is required from all clients. If you are unable to meet this requirement, please try to find a replacement in order to avoid being charged in full for the missed appointment.

We would appreciate you not coming in when you are sick. It is more important that you rest and reschedule for a later date.

I have read and will adhere to the office policies and information I provided is true to the best of my knowledge.

Please sign: _____ Date _____