

Client Information

Massage is generally healthful and beneficial for everyone. There are situations, however, when the effects of massage are best avoided, or used with caution. Your answers to the following questions will help me to be aware of any conditions you have that may need special attention. After you fill it out I can address any questions or concerns you have.

Name:

Phone Numbers:

Mailing Address*:

Email*:

** I use your mailing address and email very occasionally to let you know about news and special offers. If you do not want to be contacted in these ways, just leave the space blank.*

Emergency Contact + Phone Number:

Have you had a professional massage before? *Yes* *No*

If so, what kind of pressure do you like? *Deep* *Medium* *Light*

Please indicate any of the following conditions that apply to you.

- | | | |
|-----------------------------------|-----------------------|--------------------------------|
| <i>Headaches</i> | <i>Asthma</i> | <i>Recent Surgeries</i> |
| <i>Cancer</i> | <i>Allergies</i> | <i>Heart Problems</i> |
| <i>Arthritis / Joint Problems</i> | <i>Skin Problems</i> | <i>Spinal Problems</i> |
| <i>Epilepsy / Seizures</i> | <i>Diabetes</i> | <i>Pregnancy</i> |
| <i>High Blood Pressure</i> | <i>Varicose Veins</i> | <i>Car Accident / Injuries</i> |

Are you taking any drugs or medications?

- | | | |
|--------------------|----------------------------|-------------------------|
| <i>Aspirin</i> | <i>Birth Control Pills</i> | <i>Diuretics</i> |
| <i>Antibiotics</i> | <i>Vitamins</i> | <i>Herbal Tinctures</i> |
| <i>Other</i> | | |

Can you think of any other health or medical issues that I might need to be aware of?

Do you have any particular or chronic areas of pain or tension?

Is there a any part of your body that you prefer not to receive massage?

Back Legs Feet Buttocks Arms Abdomen Chest Neck Head Face Hands

Would you like to receive an occasional postcard or email with special promotions? *Yes* *No*

Signature of Client: