MASSAGE CLIENT INFORMATION

Name:_____ Date:_____
Home Phone:_____Work Phone:_____Birthdate:_____
Address:_____
Referred by:_____Occupation:_____
In case of emergency:_____Phone:_____

Primary reason for appointment: ( ) Relaxation/Wellness ( ) Chronic or Acute Pain
( ) Postural Balancing ( ) Other_____
Area of complaint, pain or tension_____
Last Professional Massage_____How did it go?_____

"I suffer from the following:"

- ☐ Muscle Aches
- ☐ Headaches
- ☐ Dizziness
- ☐ Ringing in Ears
- ☐ Seizures
- ☐ Chest Pains
- ☐ Fatigue
- ☐ Depression
- ☐ Sinus Trouble
- ☐ Asthma
- ☐ Thyroid Trouble
- ☐ Shortness of Breath
- ☐ Muscle Spasms
- ☐ Broken Bones
- ☐ Swollen Ankles
- ☐ Indigestion
- ☐ Constipation
- ☐ Bladder Trouble
- ☐ Ulcers
- ☐ Kidney Trouble
- ☐ Bronchial Trouble
- ☐ Arthritis
- ☐ Slipped,Herniated Disc
- ☐ Grating in Neck
- ☐ P.M.S.
- ☐ Nerves/Nervousness
- ☐ Insomnia
- ☐ Head Injury
- ☐ Sacroiliac or Low Back Pain
- ☐ Tingling/Numbness in Arms or Hands
- ☐ Whiplash
- ☐ Pinched Nerves in Back
- ☐ Tingling/Numbness in Legs or Feet
- ☐ TMJ (Jaw Pain/Dysfunction/Clicking)
- ☐ Varicose Veins

In your massage, the areas that are worked may include the feet, legs, buttocks, back, neck, head, face, upper chest, abdomen, arms and hands. Your massage will be a therapeutic massage targeting any particular areas contributing to health problems, body pain or discomfort. Although we ensure your body is covered at all times, please indicate your preference to have any area omitted for any reason:_____
_____

Is there anything you feel you need to say or ask before we begin? Any concerns?
_____
_____

Due to the fact that our business relies on scheduling of appointments and space availability, please be on time for your appointment. We will not be able to give you the full time booked should you arrive late. All cancellations must be made at least 24 hours in advance. Any cancellations after this time are subject to a missed appointment fee of $40.

I realize that I am fully responsible for my body and well being at all times at the location where I receive the massage.

Signed:_____

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