Head To Toe Therapeutic Massage

Client _____ Date _____

Address _____ Phone _____

Occupation _____ Date of Birth _____

1. What is your primary goal for this massage? How often to you have a massage?_____
   _____ Relaxation, stress reduction
   _____ Relieve muscle tension, specify area: _____
   _____ General health and wellbeing
   _____ Other, please specify _____

2. Have you had any illness, accidents, or injury recently? _____ Yes _____ No
   If so, please explain briefly _____
   _____

3. Are you experiencing any of the following today? Check all that apply.
   _____ Pain or soreness _____ numbness or tingling _____ Stiffness
   _____ Swelling _____ Dizziness _____ Nausea

   If yes to pain, soreness, stiffness, numbness or tingling where is this located?
   _____

4. Do you have difficulty lying on your front, back, or side? _____ Yes _____ No
   If yes please explain _____

5. Do you set for long hours at a workstation, computer or driving? Do you perform any repetitive movement in your work, sports, hobby? _____ Yes _____ No
   If yes, please explain _____

6. Do you have any allergies, especially to oils or lotions? _____Yes _____ No
   If so, please explain briefly _____

7. For Women, are you pregnant _____ Yes _____No

8. Have you taken any medications today? _____Yes _____ No
   If yes please list:_____
   _____

Please check any conditions you have listed below:

	Contagious skin condition, open sores or wounds		Easy Bruising		Recent Accident Injury
	Recent Fracture		Recent Surgery		Artificial joint
	Sprains/Strains		Current Fever		Swollen Glands
	Allergies/Sensitivity		Heart Condition		High or Low Blood Pressure
	Circulatory Disorder		Varicose Veins		Phlebitis
	Deep vein thrombosis/Blood Clots		Joints disorders		Rheumatoid arthritis/osteoarthritis/tendonitis

	Osteoporosis		Epilepsy		Headaches/migraines
	Cancer		Diabetes		Decreased sensation
	Back/Neck pain		Fibromyalgia		TMJ
	Carpal Tunnel Syndrome		Tennis Elbow		Tuberculosis, Hepatitis, HIV

Is there anything else about your health history that you think would be useful for your massage practitioner to know to plan a safe and effective massage session for you? _____

_____

Draping will be used during the session---only the one area being worked on will be uncovered.
A parent or legal guardian must accompany clients under the age of 17 during the entire session. A parent or legal guardian for any client under the age of 17 must provide informed written consent.

I understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during the session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage therapy does not include medial diagnosis and that I should see an appropriate health provider to diagnose and treat medical problems. I give my consent for the massage session.

Signature _____ Date _____

If you would like to be added to our one a month Newsletter/monthly promotions please leave your email address. We promise no frequent emails.

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