

Please fill out all information as accurately and thoroughly as possible.

It is better that you give me what you consider too much information, rather than not give me enough information.

Name: _____

Address: _____

WK PHONE: () ____ - ____ HM: () ____ - ____ CELL () ____ - ____

Email/URL: _____

Date of Birth: _____

Hobbies: _____

Emergency Contact and their relationship to you:

_____ () ____ - ____

Were you referred by anyone? _____

Have you ever received massage or bodywork before? (If yes, how was it?)

What (specifically) would you like to receive from this massage?

Would you like me to focus on or stay away from any specific area?

Health Information:

Do you have or are you any of the following (Please circle Y=Yes or N=No):

Smoker? Y / N Pregnant? Y / N Contagious Disease? Y / N

High/Low Blood Pressure? Y / N Allergies? Y / N Heart Conditions? Y / N

Epilepsy? Y / N Seizures? Y / N Diabetic? Y / N

Frequent Headaches? Y / N Varicose Veins? Y / N Cancer? Y / N

Nausea? Y / N Dimensia? Y / N

Are you currently suffering from any pain related to traumatic experience (i.e.: Car accidents, sports injuries, surgeries) Y / N

If yes, briefly explain (what and when): _____

Are you currently taking any medications or supplements (prescription and non-prescript.) Y / N

If yes, name(s) of medication(s) and how often taken:

Do you have any conditions that may require a doctor's note? Y / N

Is it okay for me to contact your healthcare provider? Y / N If yes, please input info below.

Name: _____ Phone #: () ____ - ____

I attest that the above is true and accurate to the best of my knowledge

Signature

Date:
