CONFIDENTIAL INFORMATION

WELCOME, WE WOULD LIKE TO MAKE YOUR MASSAGE OR MYOFASCIAL TRIGGER POINT THERAPY SESSION AS PLEASANT, EFFECTIVE AND COMFORTABLE AS POSSIBLE. PLEASE ASK ANY QUESTIONS THAT YOU MIGHT HAVE NOW OR AT ANY TIME IN THE FUTURE.

NAME _____E-MAIL_____
ADDRESS_____STATE AND ZIP _____
PRIMARY PHONE # _____ WORK OR OTHER # _____
DATE OF BIRTH _____ AGE _____ GENDER _____
REFERRED BY _____
HAVE YOU EVER HAD A PROFESSIONAL MASSAGE BEFORE? _____ TRIGGER POINT THERAPY? _____
SWEDISH _____ DEEP TISSUE _____OTHER BODY WORK_____
ARE YOU TAKING ANY MEDICATIONS? _____ WHAT AND WHY?_____
_____

DO YOU HAVE A HISTORY OF OR BELIEVE YOU HAVE ANY OF THE FOLLOWING?

__ BLOOD CLOTS
__ CALF PAIN
__ ANTI-COAGULENT (blood thinner meds)
__ pregnant now?
__ whiplash
__ seizures
__ stroke
__ cancer
__ diabetes
__ surgery
__ asthma
__ colitis/ IBS etc
__ bursitis
__ sprains (serious)
__ accidents

__ neck pain
__ headaches
__ migraines
__ shoulder pain
__ upper back pain
__ mid back pain
__ low back pain
__ hip pain
__ leg pain or numbness
__ arm pain or numbness
__ hand pain or numbness
__ foot pain or numbness
__ bruising easily
__ high stress
__ extreme stiffness
__ recurring injury/pain

__ allergy to massage lotions
__allergy to oils body lotions
__ allergy to perfume
__ any other allergy? Foods?
__ high blood pressure
__ arthritis or gout
__ abdominal pain
__ heart attack, cardiac problems
__ skin disease or conditions
__ HIV / Hepatitis
__ varicose veins
__ wear any prosthesis
__ breast augmentation
__ wear dentures
__ wear contact lenses
__ broken bones
_____

Indicate heavy use of any of the following:

__ Artificial Sweeten
__ diet drinks/ foods
__ sugar
__ caffeine
__ tobacco
__ alcohol
__ pain medications
__ recreational drugs
__ soda/pop
__ salt

Do you get adequate amounts of:
__ water
__ exercise

Do you have any other medical condition or undiagnosed symptoms or issues that I should be aware of? _____
if yes please explain _____
_____

I understand that the bodywork that I receive is provided for the purpose of relaxation and the relief of muscle tension. If I experience any pain or discomfort during or after the session, I will immediately inform the practitioner so that the pressure or strokes can be adjusted to my level of comfort. I also understand that bodywork is not a substitute for medical treatment and that no diagnosis will be given and that nothing said during the session should be construed as medical advise. I affirm that I have stated all my known medical conditions and answered the questions honestly. I also agree to update the practitioner of any change in my medical profile and understand that there shall be no liability on the part of the practitioner if I fail to do so. I understand that any illicit or sexually suggestive remarks made by me will result in the termination of the session and that I will be expected to pay for the scheduled appointment.

Signature _____ Date _____