

Confidential Massage Questionnaire

Name: _____ Date of birth: _____ Today's date: _____ Referred by: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Your Occupation: _____

Email address: _____

Have you received massage before? Yes No

Which areas would you like to focus on during your massage? _____

Please List any areas you would like me to AVOID (hair, face, bruises, injuries, etc.): _____

Yes No Have you had any recent surgeries? _____

Yes No Do you have any communicable diseases? (Hepatitis, HIV, Meningitis, Tuberculosis, other)

Yes No Current cancer/cancer treatment

Yes No High or low blood pressure If yes, is it currently being controlled?

Yes No Allergies (to _____)

Yes No Skin condition (acne, rash, allergies, skin cancer, other)

Yes No Lymph Node Removal or Lymphatic condition (swollen glands, lymphoma, lymphedema, other)

Yes No Recent injury or accident (whiplash, sprain, deep bruise, other)

Yes No Circulatory condition (heart disease, varicose veins, phlebitis, arrhythmia, arteriosclerosis, other)

Yes No Neurological condition (numbness or tingling of any area, stroke, epilepsy, other)

Yes No Joint problems (osteoarthritis, rheumatoid arthritis, gout, hyper mobile joints, sacroiliac problems)

Yes No Can you lay comfortably on your stomach and on your back?

Yes No Headaches (migraines, PMS, tension, other)

Yes No High stress level

Yes No Any other medical considerations _____

Yes No Are you pregnant?

Please list any medications which you are currently taking: _____

Name of your primary medical doctor: _____

Massage Cancellation Policy

We understand that unanticipated events happen in everyone's life and are happy to honor your business as follows:

- You may cancel your appointment without charge if notice is given within 24 hours of scheduled appointment.
- Same day cancellations or missed appointments must be charged 100% of the scheduled service price.
- Reminder messages are made as a courtesy only. Missed appointment fees cannot be waved on account of courtesy calls. We appreciate your understanding.
- We request that you arrive for your appointment 10 minutes ahead of your appointment to ensure you receive the maximum massage time possible. Appointments must end at the scheduled time in consideration of the next client.

We sincerely appreciate you being our customer and thank you for your understanding.

Name _____

Signature _____

Date _____