

Full Name: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

Email: _____ Your Occupation: _____

Emergency Contact: _____ Dr's Name/Contact: _____

How did you hear about us? _____ Had a Massage before? _____ How long ago? _____

Significant Health Conditions: _____

Occupation: _____ Workout? Y/N Extra Detail: _____

Please check to indicate any of the following conditions that you currently have: N/A to all _____

- | | | | | |
|-------------------------------------|------------------------------------------|-----------------------------------------|---------------------------------------|------------------------------------------|
| <input type="checkbox"/> Headaches | <input type="checkbox"/> TMJ | <input type="checkbox"/> high / low | <input type="checkbox"/> neck / back | <input type="checkbox"/> sprains |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Skin condition/ | <input type="checkbox"/> blood pressure | <input type="checkbox"/> diabetes | <input type="checkbox"/> strains |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> heart condition | <input type="checkbox"/> major accident | <input type="checkbox"/> fibromyalgia | <input type="checkbox"/> recent injuries |
| <input type="checkbox"/> Tendonitis | <input type="checkbox"/> joint surgery | <input type="checkbox"/> varicose veins | <input type="checkbox"/> numbness | |
| <input type="checkbox"/> Cancer | | <input type="checkbox"/> blood clots | | |

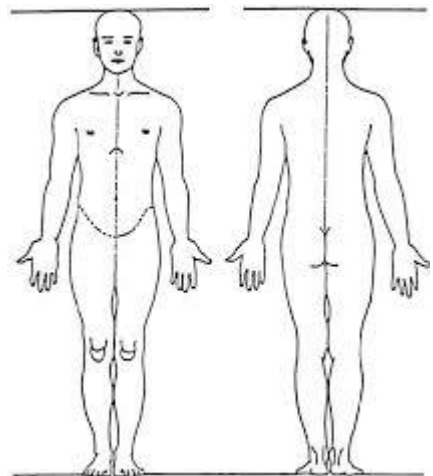
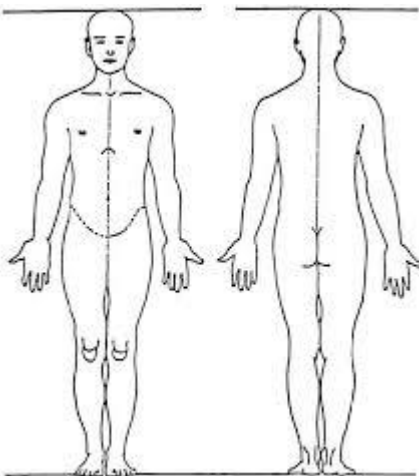
Explain Any Conditions You Have Marked Above:

DETAILS FOR PRESSURE/MODALITIES TO BETTER UNDERSTAND YOUR GOAL/S!

<input type="checkbox"/> SWEDISH MASSAGE	<input type="checkbox"/> SOME PRESSURE RELAX	<input type="checkbox"/> DEEP PRESSURE THERAPY ONLY	<input type="checkbox"/> LYMPHATIC DRAINAGE (VERY LIGHT)
<input type="checkbox"/> MASSAGE/LYMPHATIC COMBO	<input type="checkbox"/> LEAVE UP TO LMT TO DECIDE	OTHER:	

FOCUS ON:

IF APPLY, ANY AREAS TO AVOID:



Client Signature: _____ Date: _____

Therapist Initials: _____ Date: _____