Welcome, we want to make your appointment as pleasant and comfortable as possible.
If at any time you have questions regarding your therapy session, please let us know.

Name_____ Home #_____Work #_____

Address_____City_____State_____Zip_____

Date of Birth_____ Age_____ M____F____ Marital Status: S M D W # of Children_____

E-mail Address_____Occupation_____ Type of Exercise_____

Rate your posture: Excellent Good Fair Poor Have you ever received Massage Therapy? ❑Yes ❑No

Type of massage experienced: ❑ Deep Tissue ❑ Swedish ❑ Other_____

Are you taking Medication? ❑Yes ❑No Describe_____

Are You Pregnant? ❑Yes ❑No How many weeks? _____

Have you consumed alcohol in the past 24 hours? ❑Yes ❑No

DO YOU NOW OR HAVE YOU HAD ANY OF THE FOLLOWING?

❑accident
❑neck pain
❑whiplash
❑headaches
❑shoulder pain
❑Upper back pain
❑mid back pain
❑low back pain
❑joint ache
❑decreased range of motion
❑broken bones
❑sciatica
❑sprains
❑seizures
❑abdominal pain
❑nervous tension
❑arthritis, bursitis or gout
❑allergies to oils or perfumes
❑wear contacts
❑scoliosis
❑surgery
❑fibromyalgia
❑carpal tunnel syndrome
❑mastectomy
❑breast augmentation
❑diabetes
❑varicose veins
❑high blood pressure
❑stroke
❑heart attack
❑cancer
❑colitis
❑HIV
❑_____
_____

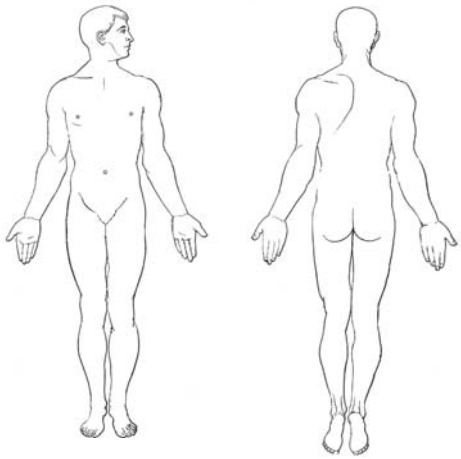
Please indicate your consumption level:

	None	Light	Moderate	Heavy
salt	❑	❑	❑	❑
sugar	❑	❑	❑	❑
caffeine	❑	❑	❑	❑
tobacco	❑	❑	❑	❑
alcohol	❑	❑	❑	❑
exercise	❑	❑	❑	❑
water	❑	❑	❑	❑

DO YOU HAVE ANY OF THE FOLLOWING TODAY:

❑Sunburn
❑Inflammation
❑Severe pain
❑Headache
❑open cuts, bruises, burns
❑irritated skin rash
❑poison ivy
❑cold/flu

PLEASE INDICATE WITH AN (X) THE AREAS YOU ARE FEELING DISCOMFORT



What are your goals/expectations for this therapy session?
(e.g. relaxation, stress relief, pain management, deep tissue, help!!)

_____

_____

_____

Please read the following and sign below:

- I understand that this massage is not a replacement for medical care and that no diagnosis will be made.
- I am responsible for paying for any appointment cancellations of less than 24 hours.

Signature_____ Date_____ Referred By_____

sg2002