

# Confidential Consultation Form

## Email/Newsletter



Would you like to be added to our subscriber list in order to receive information about upcoming discounts, promotions, contests etc?

Yes, subscribe me!

No, thanks

Appointment date \_\_\_\_\_ Appointment time \_\_\_\_\_

## Personal Information

FULL NAME \_\_\_\_\_

D.O.B. \_\_\_\_\_ AGE: \_\_\_\_\_ PHONE#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

To perform the Massage therapy in a safe manner, please answer the following health questions truthfully. We will keep all information disclosed in a confidential manner and will use it only for purposes of determining whether you are an ideal candidate for this procedure.

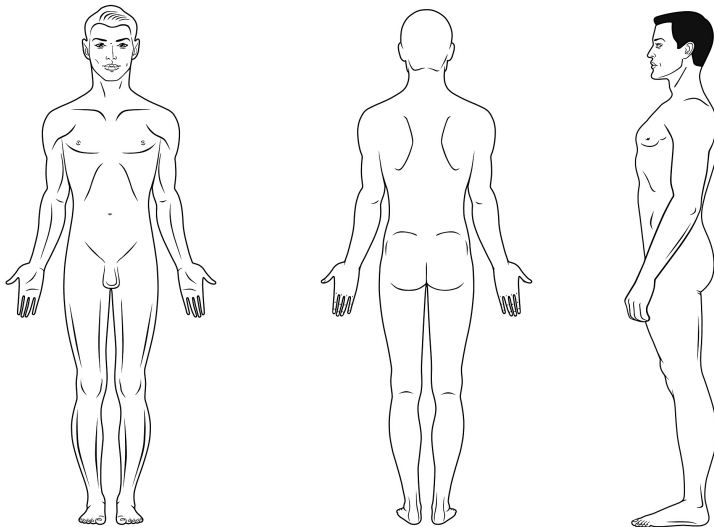
## MEDICAL INFORMATION

- Are you taking any medications?  No  Yes .....
- Do you suffer from chronic pain?  No  Yes .....
- Have you had any orthopedic injuries?  No  Yes .....
- Have you had any surgery?  No  Yes .....

## MASSAGE INFORMATION

- Have you had professional massage before?  
 No  Yes .....
- What type of massage are you seeking?  
 Relaxing  Therapeutic/ Deep tissue  Other
- What pressure do you prefer?  
 Light  Medium  Deep
- Do you have any allergies or sensitivities?  
 No  Yes .....

Please circle any areas of discomfort



By signing below, you agree to the following.  
I have completed this form to the best of my ability and knowledge and agree to inform my therapist if any of the above information changes at any time.

Date: \_\_\_\_\_

Client Name (Printed) \_\_\_\_\_ Signature \_\_\_\_\_

Therapist Name \_\_\_\_\_ Signature \_\_\_\_\_

Please indicate any of the following that apply to you:

- Stress
- Migraines/ headaches
- TMJ
- Fibromyalgia
- Diarrhea
- Allergies
- Sinus problems
- Varicose veins
- Diabetes
- Knee problems
- Cancer
- Osteoporosis
- High/ low blood pressure
- Epilepsy or Seizures
- Joint pain
- Heart problems
- Circulatory problems
- Back/ neck pain
- Shoulder/ rotator cuff
- Broken bones
- Artificial joints
- Cyst/ tumors
- Sciatica
- Skin rashes
- Open sores and wounds
- Recent fracture

How would you describe your lifestyle?

- Active
- Sedentary

Are you currently pregnant?

- Yes
- No