

Client # _ _ _ _

Health Questionnaire for Massage

Massage increases circulation of lymph, blood, and oxygen, and research shows that it reduces stress, tension, and pain. Massage can aid in relaxation, increased energy, and better sleep.

However, any massage may affect a pre-existing condition, and some conditions may be contraindicated for certain types of body work. Therefore, this form must be completed prior to receiving massage. All information will be kept confidential.

Please print clearly.



Contact Information

First Name	Last Name	Birthday (dd/mm/yyyy)
E-Mail Address	Phone Number	Gender/Pronoun
Emergency Contact Name	Emergency Contact Phone Number	

How did you hear about us?

- ☐ Referral ☐ Website ☐ Internet Search

Medical Information

Weight: _____ Height: _____

Joint/Soft Tissue Discomfort:

- ☐ Jaw
- ☐ Neck
- ☐ Shoulders
- ☐ Arms
- ☐ Hands
- ☐ Upper Back
- ☐ Mid Back
- ☐ Lower Back
- ☐ Degenerative Discs
- ☐ Hips
- ☐ Legs
- ☐ Knees
- ☐ Feet
- ☐ Osteo Arthritis
- ☐ Rheumatoid Arthritis
- ☐ Sciatica
- ☐ Other _____

Skin

- ☐ Rashes
- ☐ Itching

- ☐ Bruise Easily
- ☐ Dryness
- ☐ Boils
- ☐ Other _____

General Symptoms:

- ☐ Fainting
- ☐ Dizziness
- ☐ Loss of Sleep
- ☐ Fatigue
- ☐ Nervousness
- ☐ Sudden Weight Loss/Gain
- ☐ Numbness
- ☐ Tingling
- ☐ Paralysis
- ☐ Headaches (Tension)
- ☐ Migraines

Cardiovascular

- ☐ High Blood Pressure
- ☐ Low Blood Pressure
- ☐ Coronary Heart Disease

- ☐ Heart Attack
- ☐ Phlebitis
- ☐ Stroke / CVA
- ☐ Pacemaker
- ☐ Heart Murmur
- ☐ Palpitations
- ☐ Varicose Veins
- ☐ Swelling of the Ankles
- ☐ Poor Circulation
- ☐ Other _____

Infectious

- ☐ Hepatitis
- ☐ Tuberculosis
- ☐ Human Immunodeficiency Virus (HIV)
- ☐ Herpes
- ☐ Cold
- ☐ Flu
- ☐ Athlete's Foot
- ☐ Warts/Moles
- ☐ Other _____

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Digestive:

- ☐ Poor Appetite
- ☐ Belching/Gas
- ☐ Constipation
- ☐ Diarrhea
- ☐ Nausea
- ☐ Ulcer
- ☐ Vomiting
- ☐ Other _____

Eye, Ear, Nose, Throat:

- ☐ Allergies
- ☐ Frequent Colds

- ☐ Glasses or Contacts
- ☐ Hearing Aid
- ☐ Hearing Loss
- ☐ Sinus Infection
- ☐ Swollen Gland
- ☐ Other _____

Reproductive if apply:

- ☐ Pregnant due date _____
- ☐ Painful Menstruation
- ☐ Heavy Flow
- ☐ Irregular Cycle
- ☐ Swollen Breasts
- ☐ Menopausal
- ☐ Pre-menopausal

- ☐ Other _____

Respiratory

- ☐ Chronic Cough
- ☐ Bronchitis
- ☐ Asthma
- ☐ Hay Fever
- ☐ Difficulty Breathing
- ☐ Smoking
- ☐ Emphysema
- ☐ Pneumonia
- ☐ Other _____

Please explain any checked items: _____

Are you presently under the care of a physician/physical therapist/chiropractor or other? Yes No

If yes, please explain: _____

Do you have your physician's permission to receive a massage? Yes No Not Necessary

Please list any medications and their purposes: _____

Do you regularly exercise? Yes No

If yes, what activity and how often? _____

Massage Information

When was your last massage? _____

Was there any part of the massage service you were NOT pleased with? _____

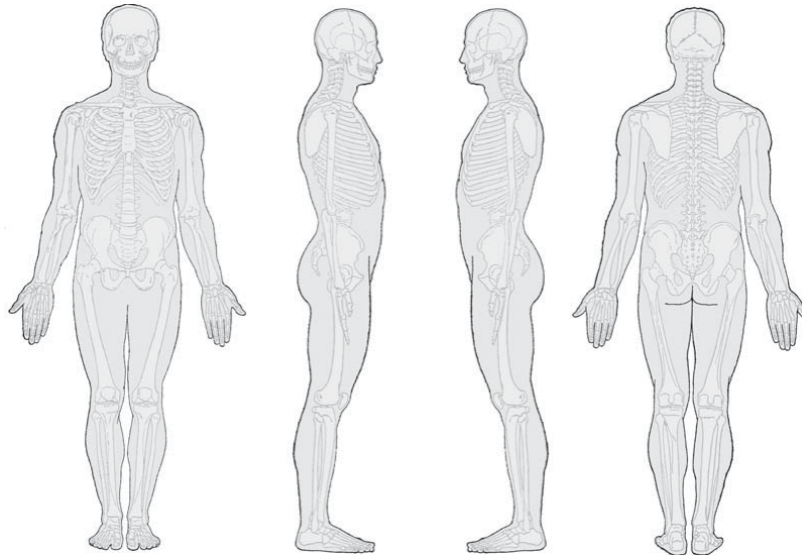
Was there any part of the massage you especially liked? _____

The level of stress you feel generally is: Low Medium High

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How has stress affected your health (e.g., anxiety, insomnia, moodiness, muscle tension, etc.)? _____

Is there a particular area of the body where you are experiencing tension, stiffness, or pain? Yes No
If yes, please identify below:



How often do you experience symptoms?

☐ Constantly ☐ Frequently ☐ Occasionally ☐ Intermittently

Describe your symptoms?

☐ Sharp ☐ Dull ache ☐ Numbing ☐ Burning ☐ Tingling ☐ Shooting

Are your symptoms?

☐ Getting better ☐ Staying the same ☐ Getting worse

When is it worse?

☐ Morning ☐ Evening ☐ Sitting ☐ Walking ☐ Driving ☐ Standing

Have you seen a doctor for these symptoms? Yes No

Do you have any particular goals in mind for your massage session? _____

Policies

1) I understand that draping will be used during the session. Only the area being worked will be uncovered.

Initials: _____

2) I understand that at least 24 hours of notice is preferable for cancellation of an appointment.

Initials: _____

3) I understand that I am to notify my massage giver of any changes in my well-being and health care.

Initials: _____

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4) I understand that if I experience any pain or discomfort during this session, I will immediately inform the massage giver so that pressure and/or strokes may be adjusted to my comfort level.

Initials: _____

5) I understand that during the massage, if any sexual advances verbally or physically are made, the massage giver has the right to end the massage at that time and I will pay full price for the original massage.

Initials: _____

6) I understand that massage is not a substitute for medical examination, diagnosis, or treatment, though it may be complementary. I understand that massage can increase soreness and/or pain if I do not follow proper precautions following the massage.

Initials: _____

I, _____, affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the massage giver updated as to any changes in my medical profile and understand that there is no liability on the therapist's part should I fail to do so. In the event that I become injured either directly or indirectly as a result, in whole or in part of the aforesaid massage, I HEREBY HOLD HARMLESS AND INDEMNIFY the massage giver and her/his principals and agents from all claims and liability whatsoever.

Signature: _____ Date: _____

Client # _ _ _ _

Massage Therapist's Notes

Date: _____ Time: _____ Length of Session: _____

Observations: _____

Date: _____ Time: _____ Length of Session: _____

Observations: _____

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Observations: _____

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