

# CONFIDENTIAL INFORMATION

Welcome. I want to make your appointment as pleasant and comfortable as possible.  
If at any time you have questions regarding your visit, please let me know.

(PLEASE PRINT)

Name \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  Male  Female Marital Status \_\_\_\_\_  
 email address \_\_\_\_\_ referred by \_\_\_\_\_

**HAVE YOU EVER RECEIVED MASSAGE THERAPY?**  No  Yes If yes, what type of massage have you experienced?  
 Deep Tissue  Swedish  Other(s) \_\_\_\_\_

**DO YOU HAVE ANY OF THE FOLLOWING TODAY?**

- sunburn
- inflammation
- severe pain
- headache
- cuts, burns, bruises
- irritated skin rash
- poison ivy
- cold or flu

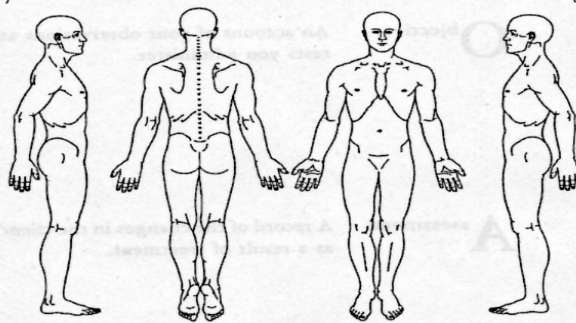
**WHAT TYPE OF TOUCH DO YOU PREFER?**

- Light/Meditative
- Heavy/Invigorating
- Deep/Trigger Point

**HOW MANY HOURS PER WEEK DO YOU PARTICIPATE IN ACTIVITIES OR SPORTS?**

- Less than one hour
- One to two hours
- Three to four hours
- Five or more hours

Shade in any area(s) where you are feeling discomfort:



**HOW MUCH WATER DO YOU DRINK PER DAY?**

- Two to four glasses
- Five to seven glasses
- Eight or more glasses

**WHAT ARE YOUR GOALS FOR MASSAGE?**

- Relaxation
- Injury Rehabilitation
- High activity level, maintenance massage
- Other \_\_\_\_\_

**WHAT IS YOUR MUSIC PREFERENCE?**

\_\_\_\_\_

You are welcome to look through my selection, or feel free to bring your own.

**ARE THERE ANY OTHER HEALTH CONDITIONS I SHOULD BE AWARE OF?**  No  Yes

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE READ AND INITIAL 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 cancellation of less than 24 hours.

Signature \_\_\_\_\_ Date \_\_\_\_\_