Images by B

Massage Client Information Sheet

Name:_____
First mi last

Complete Mailing Address:_____

City:_____State_____Zip_____

Phone: ( )_____ email:_____@_____

Work: ( )_____ Birthday:_____(month)_____(day)

Alt Phone:_____

How did you hear about our salon?
_____Referral _____Location/Sign _____Newspaper Ad _____Yellow Pages _____Web page
Other:_____

We would like to thank the person who referred you to our salon, could we please have their name?

Would you like to be put on our email list for special offers and/or newsletter for our clients? _____yes _____no
Your email address will not be given out or sold.

Have you received a massage in the past?____ yes _____ no If yes, when was your last massage? _____

MEDICAL HISTORY

Do you have *or* have you had any of the following conditions?

___Heart Conditions
___Headaches
___Varicose Veins
___Skin Allergies/Rash
___Bursitis
___Arthritis
___Asthma
___Blood Clots
___Back Conditions
___Disc Conditions
___Kidney Problems
___Joint Inflammation
___Severe Bruises
___Insomnia
___Recent Injury
___Broken Bones/fractures
___Artificial joints or pins
___Incurable Disease
___Contact Lenses

Are you currently under a physician's care or any other health care provider?

____If so, who?_____

For what? _____

List medications, if any_____

Have you had any major or minor surgery within the past year?_____

Is there any stress in your body or lifestyle that I need to be aware of?_____

Do you have any aching or sore areas in your body that I need to be aware of?____ yes ___no If yes, please specify:

In order for you to get the most benefit from your massage, please read the following information:

DURING THE TREATMENT: In order to derive the greatest benefit from this work, a couple of suggestions may be helpful. First, if at any time the session you notice yourself unconsciously holding your breath, simply release your breath. Exhaling releases tension, holding your breath retains tension. Second, for the same reason, when your practitioner is applying pressure, or stretching a muscle, also release your breath and your muscles will relax more easily. Finally, if at any time during the treatment anything feels uncomfortable, please tell your practitioner so that he or she can adjust the technique to your particular needs. While your practitioner may be able to read your muscles, they cannot read your mind. Communication is the key to receiving the treatment you are expecting to get.

AFTER THE TREATMENT: Everyone has a slightly different experience of the work. Take a few moments to feel the effects of the treatment and discuss the response with your practitioner. On rare occasions, the treatment may exacerbate the symptoms before relief occurs.

Date:_____ Signature:_____