



Massage Clients

General & Medical Information:

1) Please check all that apply and please explain as clearly as possible in the spaces provided. Do you have, suffer from, or experience any of the following?

Musculoskeletal:

- Frequent Headaches
- Joint Stiffness/ Swelling
Please Specify: _____
- Broken Bones in the past two years
Please Specify: _____
- Bone or Joint Disease, e.g., Arthritis, Scoliosis, Osteoporosis, Bursitis, Tendonitis
Please Specify: _____
- TMJ Issues/Jaw Pain
- Tension/Soreness in a specific area
Please Specify: _____
- Back Pain
Please Specify: _____
- Numbness
Please Specify: _____
- Stabbing Pains
Please Specify: _____

Skin:

- Rashes
- Warts
- Athletes Foot
- Recent Cuts, Wounds, Sever Bruising
Please Specify: _____
- Sensitive to Touch/ Pressure
Please Specify: _____

Circulatory:

- Please Specify: _____
- Fainting/Dizziness
Please Specify: _____
- Blood Pressure Problems?
Please Circle- HIGH LOW
Meds? _____
- Seizure Disorders/Epilepsy
Meds? _____
- Asthma, Sinuses, Shortness of Breath
Please Specify: _____
- Lymphedema, Swollen Ankles
Please Specify: _____
- Varicose Veins, Blood Clots
Please Specify: _____
- Stroke
Please Specify: _____
- Diabetes Type: _____
Meds? _____

Nervous System:

- Numbness, Tingling
Please Specify: _____
- Chronic Fatigue Syndrome/
Fibromyalgia
Areas of Tenderness: _____

- Cerebral Palsy, Multiple Sclerosis,
Muscular Dystrophy, Epilepsy,
Parkinson's Disease
Please Specify: _____

- Cardiac/Circulatory Problems

Other:

2) Are you wearing contact lenses? Yes No

3) Have you had any type of surgery? Yes No

Please Explain & Provide mo/yr.: _____

4) Do you have any other medical condition that has not been mentioned above that I should be aware of? Yes No

Please Explain & Provide mo/yr.: _____

5) Are you under the care of a physician? Yes No

Please Specify: General or Specific Care

6) Stress Level: Please Circle (1-Stress Free, 10-Most Stress)

1 2 3 4 5 6 7 8 9 10

7) Please list any additional comments regarding your health and well-being:

Please check if you are seeking simply a feel-good massage.

Client Statement:

The Information contained in this form is true and accurate to the best of my knowledge.

Client's Name: _____

Client's Signature

Parent/Guardian Signature

Date