**Performance Touch Massage Client Questionnaire**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date: \_\_\_\_\_\_\_\_\_ D.O.B: \_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_**

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **County:** \_\_\_\_\_\_\_\_\_\_ **PostCode:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Work Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Referred by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you had a professional massage prior to this visit?** **YES** \_\_\_\_ **NO** \_\_\_\_  
**Reason for therapeutic massage (major complaint):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**What, if any, treatment have you had for this condition?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Is there anything that makes your condition worse?** Y N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you had any surgery? Y N** *(If yes, please explain.)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Name & Relation to You:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please select all of the following conditions that currently apply to YOUR health:**  
**Ο Arthritis Ο Stiff Neck Ο Bursitis Ο Allergies Ο High Blood Pressure  
Ο Cancer Ο Asthma Ο Chronic Fatigue Ο Sciatica Ο Phlebitis Ο Diabetes  
Ο Edema Ο Sinusitis Ο Poor Circulation Ο Pregnancy Ο Hematoma Ο Dizziness  
Ο Skin Rash Ο Stroke Ο Varicose Veins Ο HIV/AIDS Ο Headaches Ο Constipation  
Ο Back Pain Ο Neck Pain Ο Emphysema Ο Cramps Ο Leg Pain Ο Abuse Survivor**

**What you can expect in a professional massage:**

* **A safe and professional environment and approach; to be treated with respect**
* **To have privacy while undressing & dressing; to be draped except for the area receiving work**
* **To be accepted without judgment; to be able to stop the therapy at any time**
* **To be listened to carefully ; to talk or not to talk**
* **To have control over how much pressure is used**

**Client Release Form & Cancellation, Late, & No Show Policy**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that the massage I receive is provided for the basic purpose of relaxation, stress reduction, and relief of muscular tension.

I further understand that a massage should not be construed as a substitute for medical examination, diagnosis, or treatment, and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment that I have.

Because massage is contraindicated (should not be done) under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile, and understand that the therapist will not be responsible for any injuries sustained by me if I fail to update the therapist as to my medical condition.

I also understand that at no time will the massage be sexual in nature. Any inappropriate comments or conduct made by me will result in immediate termination of the session, and I will be liable for full payment of the scheduled appointment.

As appointment times are reserved in advance, the massage therapists will make every attempt to stay on schedule to respect my time. I agree that I will notify Performance Touch at least 24 hours in advance when I am unable to attend a scheduled appointment. Appointments for which I do not show or cancel within the 24 hr period will be charged directly to me. The clock starts at the time that my appointment is scheduled to begin and my massage therapist is available to see me. I understand that if I am late, that time is lost and will result in a shorter appointment.

I understand that all payments, in full, are expected at the time of service. Payments are to be made directly to Performance Touch.

**I understand that my massage will be given by a licensed therapist. If I have any specific medical conditions or symptoms, I have cleared receiving a massage with my primary care provider.**

**Signature of Client:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Therapist:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_