

# Loli Fargo, LMT

Please fill out all information as accurately and thoroughly as possible. It's better that you give me what you consider too much information, rather than not give me enough information.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell: ( ) \_\_\_\_\_ Home: ( ) \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact and their relationship to you:  
\_\_\_\_\_ ( ) \_\_\_\_ - \_\_\_\_\_

How were you referred? \_\_\_\_\_

Have you ever received massage or bodywork before? (If yes, how was it?)  
\_\_\_\_\_

What (specifically) would you like to receive from this massage?  
\_\_\_\_\_

Would you like me to focus on or stay away from any specific area?  
\_\_\_\_\_

## *Health Information:*

Do you have any of the following (Please circle Y=Yes or N=No):

Allergies? Y / N

Athlete's Feet? Y / N

Cancer? Y / N

Circulatory Condition? Y / N

Cold or Cough? Y / N

Contact Lenses/Hearing Aides? Y / N

Contagious Disease? Y / N

Diabetes? Y / N

Decreased Sensation? Y / N

Deep-Vein Thrombosis/Blood Clots? Y / N

Flu or Fever? Y / N

Headaches? Y / N

Heart Condition? Y / N

High/Low Blood Pressure? Y / N

Infection (Any)? Y / N

Nausea? Y / N

Numbness/Tingling Y / N

Open Sores or Wounds? Y / N

Pregnant? Y / N

Seizures? Y / N

Swelling? Y / N

Surgeries? Y / N

Are you currently suffering from any pain related traumatic experience (i.e.: Car accidents, sports injuries, surgeries) Y / N

If yes, briefly explain (what and when): \_\_\_\_\_

Are you currently taking any medications or supplements (prescription and over-the-counter.)  
Y / N

If yes, name(s) of medication(s) and how often taken:

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Please read the following information and sign below:

I understand that although massage therapy can be very therapeutic, relaxing and reduce muscular tension, it is not a substitute for a medical examination, diagnosis or treatment. Being that massage should not be done under certain medical conditions, I affirm that I have answered all questions pertaining to medical conditions truthfully and fully.

I attest that the above is true and accurate to the best of my knowledge

Signature:

Date:

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