Chanan Massage

Renewed + Restored Grief Massage Client Questionnaire

Whole-person care for the body during bereavement and loss

This questionnaire helps your massage therapist understand your health, your experience of loss, and your goals for body-centered supportive care. Grief Massage is massage therapy - not grief counseling, psychotherapy, trauma processing, or medical treatment.

1. Personal Information

First Name _____

Last Name _____

Date of Birth _____

Occupation _____

Email _____

Phone (mobile preferred) _____

Address _____

City / State / ZIP _____

Emergency Contact

Name _____

Phone _____

Relationship _____

How did you hear about Chanan Massage? _____

2. Your Loss & Goals for Care

What loss or bereavement brings you in for Grief Massage?

_____

_____

Approximately how long has it been since your loss?

_____

What would you most like support with during your massage sessions?

_____

_____

Have you noticed changes in eating or sleeping patterns since your loss?
[ ] Yes [ ] No If yes, please describe: _____

Do you feel you have been experiencing high levels of stress since your loss?
[ ] Yes [ ] No [ ] Unsure

Have you had a physical or check-up with your primary care provider since your loss?
[ ] Yes [ ] No [ ] Not applicable

3. Health Information

Please check any current or past conditions that may affect massage therapy. Add details where needed.

Respiratory

[ ] Asthma
[ ] Chronic cough
[ ] Shortness of breath
[ ] Emphysema
[ ] Bronchitis

Cardiovascular / Circulatory

[ ] Blood clots
[ ] Pacemaker
[ ] Phlebitis
[ ] Stroke
[ ] Cold hands or feet
[ ] High blood pressure
[ ] Varicose veins
[ ] Heart attack
[ ] Heart disease
[ ] Low blood pressure
[ ] Congestive heart failure
[ ] Lymphedema
[ ] Thrombosis / embolism

Skin / Head & Neck

[ ] Bruise easily
[ ] Melanoma
[ ] Migraines
[ ] Vision problems/loss
[ ] Skin irritation/condition
[ ] Ear problems
[ ] Sinus problems
[ ] Jaw pain (TMJD)
[ ] Hypersensitive reaction
[ ] Headaches
[ ] Hearing loss

Infectious Conditions

[ ] Athlete's foot
[ ] HIV
[ ] Hepatitis
[ ] Respiratory infection
[ ] Herpes
[ ] Skin infection/condition

Soft Tissue / Joint Areas

[ ] Ankles
[ ] Legs
[ ] Arms
[ ] Lower back
[ ] Feet
[ ] Mid back
[ ] Hands
[ ] Neck
[ ] Hips
[ ] Shoulders
[ ] Knees
[ ] Upper back

Other Medical Conditions

[ ] Allergies
[ ] Crohn's disease
[ ] Hemophilia
[ ] Diabetes
[ ] Osteoporosis
[ ] Digestive conditions
[ ] Stress
[ ] Anaphylaxis
[ ] Dizziness
[ ] Insomnia
[ ] Fibromyalgia
[ ] Shingles
[ ] Gout
[ ] Other diagnosed disease/condition
[ ] Cancer
[ ] Epilepsy
[ ] Artificial joints / special equipment
[ ] Loss of sensation
[ ] Arthritis
[ ] Lupus

Neurological

[ ] Burning
[ ] Parkinson's
[ ] Multiple sclerosis
[ ] Numbness
[ ] Herniated disc
[ ] Tingling
[ ] Cerebral palsy
[ ] Stabbing pain

Pregnancy / gynecological conditions, if applicable:

_____

Allergies or other conditions your therapist should know about:

_____

_____

Current medications:

_____

_____

Primary care provider (optional): _____ **Phone:** _____

4. Grief Massage Understanding & Consent

Please sign and initial each statement carefully.

[ ] Massage therapy is provided for purposes such as relaxation, stress reduction, relief of muscular tension, and support of general comfort.

[ ] If I experience pain or discomfort during the session, I will tell my massage therapist immediately so pressure, positioning, or techniques can be adjusted.

[ ] I understand that massage therapy is not a substitute for medical or mental health care. My massage therapist does not diagnose, prescribe, provide psychotherapy, or treat physical or mental illness.

[ ] I have disclosed known medical conditions, injuries, medications, and relevant health information and agree to update my therapist if my health changes.

[ ] I understand that massage therapy is therapeutic and non-sexual.

[ ] I understand that Grief Massage is offered as a body-centered support tool to help manage the physical stress associated with loss and to support a sense of safety and comfort in the body.

[ ] I understand that my massage therapist is not acting as a licensed grief counselor or psychotherapist during this service and will not provide grief counseling, psychological advice, or trauma processing.

[ ] I understand that my therapist may recommend outside resources or licensed providers when my needs fall outside the scope of massage therapy.

[ ] I understand that a Grief Massage session focuses on assisted relaxation and calming therapeutic touch in a safe environment. The session does not include trauma release/processing or grief release/processing/counseling.

Faith-centered support preference (optional)

Renewed + Restored is Christ-centered. Your massage care at Chanan Massage remains professional and client-led. Please indicate your preference for any faith-centered element during your session:

[ ] I welcome brief Scripture and/or prayer if appropriate.
[ ] Please ask me before including Scripture or prayer.
[ ] I prefer massage only with no faith-centered element.

Client acknowledgment: I have read and understand the statements above and have had the opportunity to ask questions.

Client Signature: _____ **Date:** _____

Therapist: Camille Mensah, Licensed Massage Therapist & Trained Grief Massage Therapist
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