



**Contact Info:**

Name \_\_\_\_\_

Birthday \_\_\_\_\_

Gender \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Circle One: Prefer Text, Call, Email.

Emergency Contact (name & phone) \_\_\_\_\_

How did you hear about Massage Me? \_\_\_\_\_

Occupation: \_\_\_\_\_

**Health History:**

If female, are you pregnant? \_\_\_\_\_

Do you have any skin conditions? Please list. (Ex. Eczema, poison oak, etc.)

Have you had any injuries or surgeries in the past or recently that may influence today's treatment? Please explain. \_\_\_\_\_

**Please indicate conditions that you have or have had in the past. Explain in detail, including treatment received. Please answer honestly, as massage may not be indicated for these conditions.**

(Ex: Varicose veins, edema, gout, blood clots, infections, congestive heart failure, contagious diseases, asthma, cancer, arthritis, scoliosis, diabetes, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you had any injuries or surgeries in the past or recently that may influence today's treatment? Please explain. \_\_\_\_\_

Circle if you have high/low blood pressure?

Allergies (please list) \_\_\_\_\_

Please list any and all medications you are currently taking (including birth control): \_\_\_\_\_  
\_\_\_\_\_