Massage Wellness Chart

Name _____ DOB ____ / ____ / ____

Address _____

City _____ St _____ Zip _____

Email _____

Phone (____)_____ Receive Text ☐ Yes ☐ No

(Standard text messaging fees may apply)

Desired pressure ☐ Light ☐ Medium ☐ Deep

Are you comfortable with therapeutic massage on the following areas:

☐ Yes ☐ No Face ☐ Yes ☐ No Pectorals ☐ Yes ☐ No Gluteal Region

☐ Yes ☐ No Scalp ☐ Yes ☐ No Abdomen ☐ Yes ☐ No Feet

Health History (check all that apply)

☐ Arthritis
☐ Blood clots
☐ Blood pressure conditions
☐ Cancer
Type _____
☐ Remission
☐ Carpal Tunnel ☐ Right ☐ Left
☐ Chronic pain (joint, muscle, nerve)
☐ Diabetes
☐ Fibromyalgia
☐ Headaches/migraines
Frequency _____
☐ Heart problems
☐ History of strokes
☐ Infections
☐ Immune system deficiencies
☐ Lupus
☐ Pain/numbness/tingling
☐ Pregnancy
Weeks _____
☐ Spinal deviations
☐ Varicose/spider veins
☐ Sciatica
☐ Other _____

Daily activities affected by stress/pain/condition(s) _____

Allergies (nuts, scents, etc.) _____

Medications and purpose _____

_____

Injuries (past and present) _____

Surgeries (year performed) _____

_____

It is my responsibility to provide complete accurate information on this chart and to inform my Massage Therapist of any preexisting conditions, limitations, or specific sensitivities. I have completed this chart to the best of my knowledge and will inform my Massage Therapist of any change in my physical health. I understand that the massage provided is not a replacement for medical care and should not be construed as a substitute for a medical examination, diagnosis, or treatment. I am responsible to consult a medical provider for any medical issues that I may have. I understand that my Massage Therapist can not diagnose illness, disease, or any other medical, physical, or emotional disorder; nor perform spinal manipulation. Male/female genitalia will not be exposed or massaged at anytime. Modest draping will be used during each of my sessions. I understand that this massage is a therapeutic health aid and is non-sexual. Inappropriate or illegal conduct will not be tolerated in any manner. My Massage Therapist, in her sole discretion, may refuse or discontinue a service if I engage in inappropriate conduct and full payment will still be received for the duration of the scheduled appointment. I understand that if my Massage Therapist starts my session late, time will be made up to me at the end of the session. However, if I arrive late, my session will end at the originally scheduled time in order to not affect appointments following my session. By signing below, I understand, acknowledge, agree, and hereby voluntarily accept all risk and responsibility associated with the massage provided.

Signature _____ Date _____