

CLIENT NAME: _____

MESSAGE CONSULTATION FORM

PERSONAL INFORMATION

Name _____ email _____

Phone _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Occupation _____

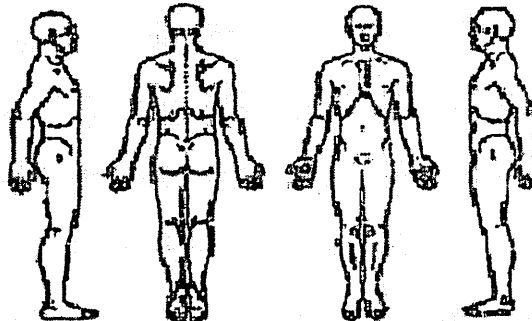
Emergency Contact _____ Phone _____

The following information will be used to help plan safe and effective massage sessions.

Please answer the questions to the best of your knowledge.

Date of Initial Visit _____

1. Have you had a professional massage before? Yes • No •
If yes, how often do you receive massage therapy? _____
2. Do you have any difficulty lying on your front, back, or side? Yes • No •
If yes, please explain _____
3. Do you have any allergies to oils, lotions, or ointments? Yes • No •
If yes, please explain _____
4. Do you have sensitive skin? Yes • No •
5. Are you wearing contact lenses • dentures • a hearing aid •?
6. Do you sit for long hours at a workstation, computer, or driving? Yes • No •
If yes, please describe _____
7. Do you perform any repetitive movement in your work, sports, or hobby? Yes • No •
If yes, please describe _____
8. Do you experience stress in your work, family, or other aspect of your life? Yes • No •
If yes, how do you think it has affected your health?
Muscle tension • anxiety • insomnia • irritability • other _____
9. Is there a particular area of the body where you are experiencing tension, stiffness, pain or other discomfort? Yes • No •
If yes, please identify _____
10. Do you have any particular goals in mind for this massage session? Yes • No •
If yes, please explain _____



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Circle any specific areas you would like the massage therapist to concentrate on during the session

MEDICAL HISTORY

*In order to plan a massage session that is safe and effective, I need some general information about your medical history.

11. Are you currently under medical supervision? Yes • No •

If yes, please explain _____

12. Do you see a chiropractor? Yes • No • If yes, how often? _____

13. Are you currently taking any medication? Yes • No •

If yes, please list _____

14. Please check any condition listed below that applies to you:

- contagious skin condition
- open sores or wounds
- easy bruising
- recent accident of injury
- recent surgery
- artificial joint
- sprains/strains
- current fever
- swollen glands
- allergies/sensitivity
- heart condition
- high or low blood pressure
- circulatory disorder
- varicose veins
- atherosclerosis
- phlebitis
- deep vein thrombosis/blood clots
- joint disorder/rheumatoid arthritis/osteoarthritis/tendonitis
- osteoporosis
- epilepsy
- headaches/migraines
- cancer
- diabetes
- decreased sensation
 - back/neck problems
- Fibromyalgia
- TMJ
 - carpal tunnel syndrome
- tennis elbow
- pregnancy if yes, how many months?

Please explain any condition that you have marked above _____

15. Is there anything else about your health history that you think would be useful for Robin Musilli to know to plan a safe and effective massage?

Draping will be used during the session – only the area being worked on will be uncovered.

Informed written consent must be provided by parent or legal guardian for any client under the age 17.

I, _____ (print name) understand that the massage I receive is provided for the basic purpose of relaxation and relief of tension. If I choose to have a deep tissue massage or sports therapy massage, I will immediately inform the therapist so that the pressure and/or stroke level of comfort. I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should consult a chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of. Because massage should not be performed on certain conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep Robin Musilli updated on my medical profile and understand that there shall be no liability on Robin Musilli's part should I fail to do so. I understand that any illicit or sexually suggestive behavior made by me will result in immediate termination of the session. I also understand that the License Massage Therapy reserves the right to refuse to perform a massage on whom he/she deems to have a condition for which massage is contraindicated.

Signature of client _____ Date _____

Signature of Robin Musilli _____ Date _____