

Each of our massage therapists keeps the information you provide on this form completely confidential. For this reason, if you see more than one therapist, you will be asked to fill out this form again. Thank you for your understanding, and apologies for any inconvenience.

Name _____ Date _____

Date of Birth _____ Occupation _____

Emergency Contact _____ Phone _____

Personal Information

The following information will be used to tailor your massage session to your specific needs, making it as safe, effective, and therapeutic as possible.

Have you had a professional massage before? Yes No

If yes, how often do you receive massage therapy? _____

Do you have an difficulty lying on your front, back, or side? Yes No

If yes, please describe _____

Do you have any allergies or sensitivities to oils, lotions, ointments, or scents?

If yes, please describe _____

Do you have sensitive skin? Yes No

Do you sit for long hours at a workstation, computer, or driving? Yes No

If yes, please describe _____

Do your perform repetitive movement in your work, sports, or hobby? Yes No

If yes, please describe _____

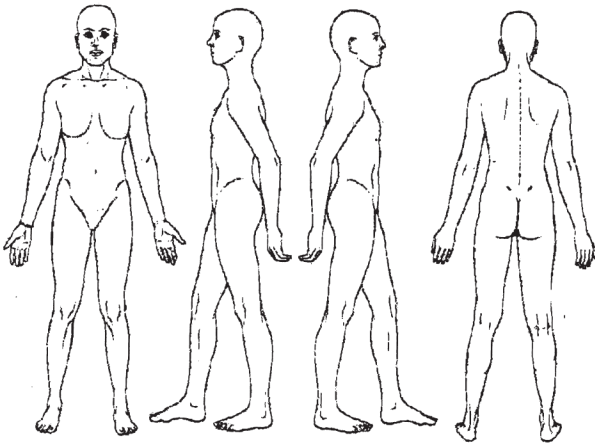
Is there a particular area of your body where you are experiencing tension, stiffness, pain, reduced range of motion, or other discomfort? Yes No

If yes, please describe _____

Do you have any specific goals in mind for this massage session? Yes No

If yes, please describe _____

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



Medical History

In order to plan a massage session that is safe, effective, and meets your needs, some general information about your medical history is helpful for our therapists.

Are you currently under medical supervision? Yes No

If yes, please describe _____

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

Do you have any questions or concerns about getting a massage today? _____

Please check any condition listed below that applies to you:

- Contagious skin condition
- Open wounds or sores
- Easily bruised
- Recent accident or injury
- Recent surgery
- Artificial joint
- Sprains or strains
- Current fever
- Swollen glands
- Heart condition
- High or low blood pressure
- Circulatory disorder
- Varicose veins
- Atherosclerosis
- Phlebitis, deep vein thrombosis, or blood clots
- Joint disorder, rheumatoid arthritis, or osteoarthritis
- Tendonitis
- Osteoporosis
- Epilepsy
- Headaches or migraines
- Cancer
- Diabetes
- Decreased sensation or numbness
- Fibromyalgia
- TMJ
- Carpal tunnel syndrome
- Tennis elbow
- Pregnancy If yes, how many months? _____

Is there anything else that your massage therapist should know to make your massage session at Green Lotus as enjoyable and therapeutic as possible?

I, _____ (print name) understand that the massage services I receive at Green Lotus are for the basic purpose of relaxation and relief of muscular tension. If I experience any pain and/or discomfort during this session, I will immediately inform the therapist so that the pressure or massage techniques may be adjusted to my 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 see a physician, chiropractor, or other qualified medical specialist for any physical or mental ailment that I am aware of. I understand that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session should be construed as such. Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and I understand that there shall be no liability on the therapist's part should I fail to do so. I understand that my health care records, communications, and transactions with the practitioner shall be kept confidential, unless I authorize the release of records in writing.

Clients under the age of 18 must be accompanied by a parent or guardian and informed written consent must be provided.

Signature of Client _____ Date _____

Signature of Parent or Guardian (for Clients Under 18) _____