Westville Massage
WELLNESS FOR EVERY BODY

Client Health Information

Thank you for coming! This information is requested so that we may more accurately assess and fulfill your individual massage needs. Please be assured that any and all information given will be kept strictly confidential.

Contact Information

Name_____ Phone (H/W/Cell)_____

Address_____ Occupation_____

City/State/Zip_____ Birthdate_____

Email_____ Referred by_____

Massage History/Treatment Preferences

Have you ever received massage therapy (circle one)? Yes/No

What would you like to address in your massage today?

stress reduction_____ pain relief_____ exercise soreness_____ including massage as part of holistic emotional/psychological work____ other_____

Type of pressure I prefer (circle one): Light Medium Deep

We do everything we can to make you feel safe, comfortable and respected in your massage session. Do you have any special questions or concerns today?

_____

Your Pregnancy

Are you pregnant (circle one)? Yes/No/Trying to Conceive If no, skip to next section.

Expected Due Date_____

Name of your Obstetrician or Midwife Group _____

Do you have any medical concerns regarding this pregnancy or previous pregnancies we should be aware of?

_____

What physical discomforts would you like for me to make sure we address today?

_____

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Relevant Health Information

Are you under the care of a medical professional unrelated to pregnancy? no___ yes___ If yes, please explain:
_____

List any prescription medication you are taking: _____

Have you had any accidents (car, skiing, etc.)? no___ yes___ If yes please explain:
_____

Describe the type and frequency of exercise you do:
_____

Please mark each symptom you are currently experiencing or experience over time:

___muscle spasm, strain	___high blood pressure	___recent surgery
___aches and pains	___acute inflammation	___broken bones
___stress	___persistent abdominal pain	___allergies (hayfever, sinus trouble)
___stiff joints	___open cuts, rashes or burns	___allergies (oils, perfumes)
___decreased flexibility	___whiplash	___diabetes
___headaches	___gastric reflux	___seizures

Client Agreement

As a client, I understand that massage therapy is not a replacement for medical care and that no diagnosis will be made. I freely give my permission for the therapy received and I agree to hold Julie Robbins and Westville Massage harmless regardless of outcome.

I understand that Westville Massage does not offer sexual services, and the therapist can cancel the massage at my cost if he/she deems my behavior threatening or inappropriate for a professional therapeutic massage session.

I understand that payment is due at time of service unless prior arrangements have been made. Because this time has been especially reserved, I will be charged for any missed appointments unless 24-hours notice is given. Exceptions will be made for unforeseen emergencies and sudden onset of labor.

_____ _____

Client Signature Date