Massage &Tanning Anywhere, Anytime

MassageMe Forever...

New Client Assessment

Name: ______________________ Phone: ______________

Address: ____

City: ______________________ State: __________ Zip: __________ D.O.B.: __________

Emergency Contact: ______________________________ Phone: ______________________

The information below will be used to plan safe and effective massage sessions. Please answer questions to the best of your knowledge. We appreciate your assistance.

1. Do you stand or sit for long hours at a workstation, desk, or other? ☐ Yes ☐ No

   If Yes, please explain ____

2. Do you perform repetitive movements in your work, sports, or hobby? ☐ Yes ☐ No

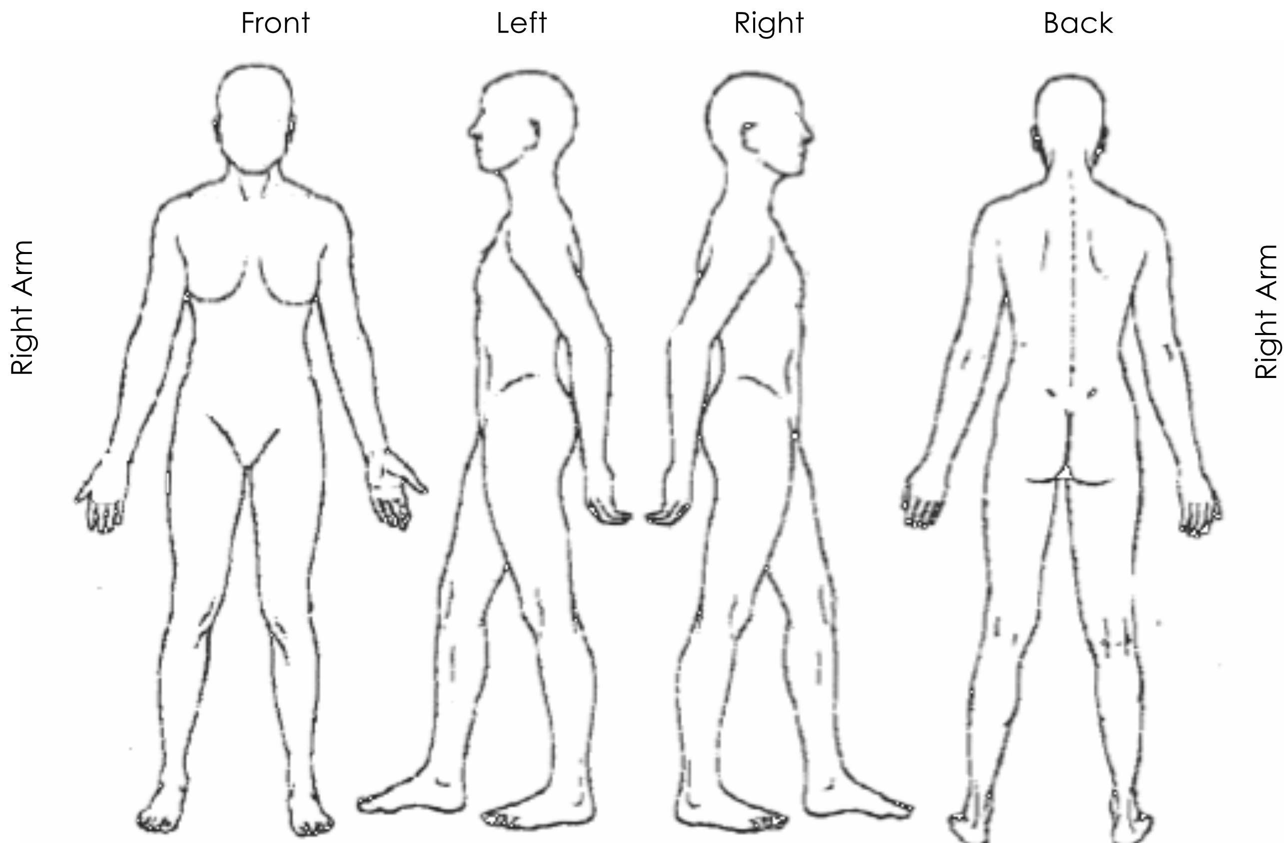
   Please explain ____

3. Do work, family, or other aspects of life cause feelings of stress or anxiety? ☐ Yes ☐ No

   How has stress affected your health? ☐ Muscle Tension ☐ Anxiety ☐ Insomnia ☐ Irritability ☐ Other ______________________

4. Are any particular parts of your body tense, stiff, uncomfortable or painful? ☐ Yes ☐ No

   Please identify those areas ____



Mark specific areas that you would like the massage therapist to focus on during the session:

5. Is lying on your back or side difficult? ☐ Yes ☐ No If yes, explain ______________________

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6. Are you allergic to any oils, lotions, or ointments? ☐ Yes ☐ No Explain ______________________________

7. Is your skin sensitive? ☐ Yes ☐ No Explain ____

8. Do you wear any of the following? ☐ Contact Lenses ☐ Dentures ☐ Hearing Aids

9. Are you currently under medical supervision? ☐ Yes ☐ No How Often? _________________________

10. Do you see a chiropractor? ☐ Yes ☐ No How Often? _________________________

11. Are you taking any medication? ☐ Yes ☐ No Please list: ____

12. Please mark any condition listed below that applies to you.

☐ Open sores or wounds	☐ Tennis Elbow	☐ Swollen glands	☐ Atherosclerosis
☐ Easy Bruising	☐ Back/neck problems	☐ Allergies/sensitivity	☐ Epilepsy
☐ Recent accident/injury	☐ Decreased Sensation	☐ Diabetes	☐ Contagious skin condition
☐ Recent Fracture	☐ Headaches/migraines	☐ Heart condition	☐ Fibromyalgia
☐ Recent surgery	☐ Carpel Tunnel Syndrome	☐ High/low blood pressure	☐ Cancer
☐ Artificial Joints	☐ Osteoporosis	☐ Circulatory disorder	☐ TMJ
☐ Sprains/strains	☐ Current Fever	☐ Varicose veins	☐ Phlebitis

☐ Rheumatoid arthritis/osteoarthritis/ tendonitis ☐ Deep vein thrombosis/blood clots

☐ Pregnancy _______ Months

Please explain conditions that you marked above ____

____

13. What else about your health history that would be useful for the massage practitioner to know in order to plan a safe and effective massage? ____

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14. How often do you receive massage therapy? ☐ First Time ☐ Not Regularly ☐ Weekly ☐ Monthly

For **MODESTY purposes, a "DRAPING" technique will be used** during the massage – only the work area will be uncovered. A parent or legal guardian must provide informed written consent and accompany ***clients under the age of 18*** for the duration of the massage.

By signing below you acknowledge that you accept and understand that the massage you receive is provided for the basic purpose of relaxation and relief of muscular tension. If you experience pain or discomfort during any session, you will immediately inform the therapist to adjust the pressure and/or strokes to your level of comfort. You further understand that massage is not a substitute for medical examination, diagnosis, or treatment and that you should see a qualified medical specialist for any mental or physical ailment that you are aware of. Nothing said in the course of any session shall be construed as a therapist being qualified to provide, treat, diagnose or prescribe spinal or skeletal adjustments or physical or mental illness. Massage should not be performed when certain medical conditions exist and you affirm that you have stated all known medical conditions and answered the above questions honestly. You agree to update Massage Me and its therapists when your medical profile changes and that Massage Me nor the therapist shall bear no liability should you fail to do so.

Client Signature: ____ Date: ____________________