

Rub Away the Day Massage

Client History

Please complete this questionnaire. Your answers will help you to achieve
MAXIMUM benefits from your massage sessions.

Name _____ Date _____

Address _____

City AND Zip _____

E-mail address _____

Daytime Phone _____ Cell Phone _____

Would you like to receive occasional text messages about our specials?

____ Yes! ____ No

Occupation _____

DOB _____ Referred By _____

Date of last professional massage? _____ Frequency? _____

- Please prioritize the areas of your body you prefer to have massaged:

- Are you pregnant? _____
- Did you know that consuming 30 fruits, veggies, and berries a day can dramatically improve your over health including Allergies, diabetes, cholesterol, inflammation and more? Can we contact you to tell you more about Juice Plus? Yes! No
- Please list *recent major* illnesses, injuries and surgeries:

Illnesses: _____

Injuries: _____

Surgeries: _____

- What is the most important quality you look for in a Massage Therapist or in a Spa? What will prevent you from returning?

(OVER)

Musculoskeletal:

- Bone or joint disease
- Arthritis
- Sprains/strains
- Low Back Pain
- Mid/Upper Back Pain
- Hip/leg pain
- Neck Pain
- Shoulder/arm pain
- Headaches
- Jaw Pain/Clicking/Popping
- Clenching or grinding teeth
- Spasms/cramps
- Spinal curvature
- Fibromyalgia
- Other _____

Respiratory/Circulatory:

- High or low Blood Pressure
- Breathing Difficulties
- Varicose Veins
- Blood Clots
- Other _____

Skin:

- Rashes
- Bruise easily
- Sensitive Skin
- Hives Allergies
- Other _____

Neurological:

- Numbness/Tingling
- Chronic Pain
- Dizziness
- Other _____

Other:

- Allergies _____
- Sinus Problems _____
- Cancer/tumors _____
- Diabetes _____
- Chronic constipation _____
- Other _____

Infectious diseases:

Please read and sign below:

I understand that massage therapists do not diagnose illness, disease or any physical or mental disorder, nor do they prescribe medical or chiropractic treatment, or pharmaceuticals. It is in no way intended to be a substitute for professional health care.

I have stated all medical conditions of which I am aware of and I will update therapist of any changes in my health status.

I also understand that this is a non-sexual massage. Any attempt to suggest or solicit sexual favors will result in an immediate end to the session and possible police involvement or any other action the therapist deems necessary.

Client Signature:

Date _____