

WELCOME TO *WHAT A RELIEF!* MASSAGE THERAPY

Print full name _____ Date of birth _____
Address _____ City _____ State _____ Zip Code _____
Cell Phone _____ Home Phone _____ Work Phone _____
Email _____ How did you hear about us? _____
Your primary reason for today's visit _____
_____ How long have you had this complaint? _____

What type of work do you do? _____
Please circle your stress level 1-2-3-4-5-6-7-8-9-10 (10 BEING THE VERY WORST.)
Have you had massage therapy before? _____
Do you prefer easy, medium, or heavy pressure? _____
Please list the name of your chiropractor if you have one: _____
Please list any recent bruises, burns, cuts, broken bones, or incisions: _____

Please describe any skin condition or communicable illness (OR tell therapist before the session begins): _____
Are you allergic to scents or oils? _____
Are there any areas that cannot be addressed? _____
Are you comfortable lying on your stomach? _____
Are you pregnant? _____ If yes, how far along? _____
Do you have any questions about massage therapy? Please list them here and I will address each question or discuss any concerns with you before beginning the session:

Consent to receive massage therapy:

The available therapist has my permission to give me therapeutic massage in order to help relieve pain and stress. I agree to inform him/her of any changes in my health condition, and to communicate with them if I feel compromised at any time. I understand that this visit is only to enhance my over-all health and wellness.

PLEASE FILL OUT REVERSE SIDE OF FORM ALSO.

Signature _____
Date _____

**Please mark the areas about which
you are most concerned:**

