

INNERWAVES MASSAGE THERAPY

Name: _____	Date: _____
Address: _____	
City: _____ State: ____ Zip: _____	
Phone: Cell: _____	Home: _____
Occupation: _____	Email: _____
How did you hear about Innerwaves Massage Therapy?	
Referred by: _____	Other: _____
Emergency Contact: Name: _____	Phone: _____
Prior massage therapy? <input type="checkbox"/> Yes	
Reason for your visit today? _____	

How would you describe your general health?
 Good Fair Poor

Regular exercise? Yes - Sleep well? Yes
 Women – pregnant? Yes - Term?

Symptoms/Conditions
 C - Current P – Past F – Family history

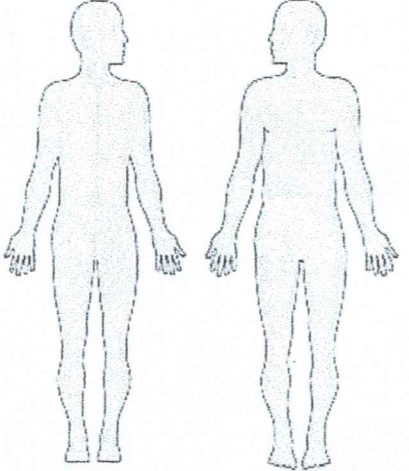
- Signs of inflammation or infection
- Tension headaches or migraines
- "Pins & needles" or numbness
- Strength or sensory loss of any kind
- Hearing of vision loss, balance/coordination
- Cardiovascular disease. Pacemaker?
- High or low blood pressure
- Diabetes, or other hormone disorders
- Broken bones, artificial joints, pins or plates
- Osteo- or rheumatoid
- Cuts, warts, open sores, skin irritation
- Allergies, esp. nuts, Hypersensitive, anaphylaxis
- Cancer or auto-immune disorder
- Multiple sclerosis, epilepsy, nerve disorder
- Other medical conditions not listed: _____

Any surgeries or medical conditions that your therapist should know about: _____

Areas that should be avoided during your massage?

Office use:
 Therapist: _____
 Detail entered in Booker
 Document scanned into client profile

Please indicate your area of pain and number level of pain on chart.



- | |
|---------|
| No Pain |
| 0 |
| 1 |
| 2 |
| 3 |
| 4 |
| 5 |
| Severe |

How do these symptoms affect your recreation, work and daily living?

Are you receiving other therapies/treatments?

Are you currently under the care of a doctor?
 Yes Do we need to avoid any areas during the massage? Yes-- Area(s) to avoid..

I understand:
 My information is held private and confidential and only with my written permission will it be released.
 The information that I have shared is correct and complete for treatment by a certified massage therapist.

Sign: _____ Date: _____