

# Massage Health Profile

## PERSONAL INFORMATION

Client Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email \_\_\_\_\_

## HEALTH INFORMATION

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Please check all that apply:

- |   |  |                                       |  |
|---|--|---------------------------------------|--|
| <input type="checkbox"/> Headaches      | <input type="checkbox"/> Neck pain     | <input type="checkbox"/> Back pain    | <input type="checkbox"/> Leg/knee pain/Hip   |
| <input type="checkbox"/> Seizures       | <input type="checkbox"/> Bruise easily | <input type="checkbox"/> Arthritis    | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Varicose veins | <input type="checkbox"/> Diabetes      | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Numbness/tingling   |
| <input type="checkbox"/> Active cancer  | <input type="checkbox"/> Blood clots   | <input type="checkbox"/> Pregnancy    | <input type="checkbox"/> Heart problems      |

Do you have any allergies and/or skin sensitivities? \_\_\_\_\_

Please list any medications you are taking \_\_\_\_\_

Are you allergic to nuts or nut products? \_\_\_\_\_

Please describe any accidents or injuries \_\_\_\_\_

Please describe any surgeries \_\_\_\_\_

Other \_\_\_\_\_

Occupation \_\_\_\_\_

Daily Activity Level:    Light                      Moderate                      Strenuous

## MASSAGE PREFERENCES

Is this your first massage experience? \_\_\_\_\_

What are you looking for from this massage? (Circle all that apply)

- |                 |  |                         |               |
|-----------------|--|-------------------------|---------------|
| RELAXATION      | PAIN RELIEF                                | WORK ON A SPECIFIC AREA | STRESS RELIEF |
| HEADACHE RELIEF | USING IN CONJUNCTION WITH PHYSICAL THERAPY | OTHER _____             |               |

Do you prefer a male or female therapist?      MALE                  FEMALE                  NO PREFERENCE

Do you have a pressure preference?      LIGHT                  MEDIUM                  FIRM

Are you comfortable with your massage therapist working on the following areas? (Circle all that apply.)

Scalp                  Face                  Chest                  Glutes                  Feet

How often do you receive massages? (circle all that apply)

WEEKLY                  MONTHLY                  OTHER \_\_\_\_\_

I do not receive massages more often because \_\_\_\_\_

I would receive massages more often if \_\_\_\_\_

How did you hear about Pure Massage and where have you seen us? (Circle all that apply)

FACEBOOK      PRINT AD      SIGN      GIFT CARD      FRIEND/FAMILY      SPA 23 MEMBER

YELP      INTERNET      OTHER \_\_\_\_\_

***Are you aware that Pure offers a no-commitment Wellness Program designed to provide you with unlimited discounts and specials specifically for Pure members?***      YES                  NO

I understand that draping will be used during the session. I have been shown and understand Pure's draping policies.

I understand that:

- I must contact Pure Massage before closing hours if I need to cancel or reschedule my massage.
- If I fail to attend my scheduled massage I will be charged a **\$50 cancellation fee.**
- If my therapist starts the session late, my session will end at the originally scheduled time so that the client following me is not penalized and I will be compensated accordingly.
- If I am late, my session will end at the originally scheduled time so that the client following me is not penalized.

I understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during the session, I will immediately inform the practitioner so the pressure and/or strokes may be adjusted to my level of comfort. I also understand that massage is not intended to diagnose or treat any medical condition and that nothing said or done during the massage should be construed as such. Because massage should not be performed under certain circumstances, I attest to keep my practitioner up to date on any changes in my medical conditions and understand that there shall be no liability on the part of the practitioner should I fail to do so. I also understand that any illicit remarks/actions of a sexual nature will result in an immediate termination of my massage session and I will be responsible for full payment of service.

*I hereby certify that I have read and agree to all of the above provisions.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

