

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 _____

