

# Client Questionnaire

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail address: \_\_\_\_\_

\*\*\*Enter your birthday and receive special offers for birthday month (Not to be combined with any other offers).

Birthday: \_\_\_\_\_ Anniversary: \_\_\_\_\_

How did you hear about us?    Online Search    Facebook    Friend    Other: \_\_\_\_\_

Job/Career: \_\_\_\_\_

Medical History – Please indicate below any significant medical problems you are experiencing, as such conditions can influence the type and/or depth of work done in any given area. Thank You.

\_\_\_\_ Skin condition (rash, allergies, skin cancer, other)

\_\_\_\_ Recent injury or accident (whiplash, sprain, deep bruise, other)

\_\_\_\_ Circulatory condition (heart disease, varicose veins, arteriosclerosis, other)

\_\_\_\_ Neurological condition (sciatica, numbness/tingling of any area of skin, stroke, epilepsy, other)

\_\_\_\_ Joint problems, pain, or stiffness (osteoarthritis, rheumatoid arthritis, gout, sacroiliac problems, other)

\_\_\_\_ Bone conditions (osteoporosis, previous fracture, cancer, other)

\_\_\_\_ Headaches (migraines, PMS, tension, other)

\_\_\_\_ Emotional difficulties (depression, anxiety, psychotic episodes, other)

\_\_\_\_ Previous surgery, please state type and date:

\_\_\_\_ Other medical considerations:

Medications: \_\_\_\_\_

Herbs/Supplements: \_\_\_\_\_

Do you have any digestive complaints (acid reflux, bloating, constipation, etc.)? \_\_\_\_\_

What areas would you like me to focus on in this session? \_\_\_\_\_

This is a therapeutic massage and any sexual remarks or advances will terminate the session and you, the client will be liable for payment of the scheduled treatment.

**No cancellations or changes allowed within 24 hours of the appointment. If a client cancels without sufficient notice, we request that \$35.00 be paid before booking any new appointments.**

We charge full price for a no show, no call. We request a phone call, no text or emails, for cancellations within 24 hours of appointment. We may waive this policy due to major life emergencies.

Signature: \_\_\_\_\_