



**MASSAGE THERAPY QUESTIONNAIRE**

**Your Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

Do any of the following apply to you? **(Circle all that apply)**

- |                   |            |           |                  |                       |
|-------------------|------------|-----------|------------------|-----------------------|
| Emotional Changes | Headaches  | Allergies | Heart Ailment*   | Infectious Condition* |
| Cancer*           | Diabetes*  | Flu/Cold  | Skin Disorder*   | High Blood Pressure*  |
| Phlebitis*        | Acute Pain | Scoliosis | Chronic Pain     | Fibromyalgia*         |
| Osteoporosis      | Edema*     | Arthritis | Sports Injury    | TMJ Syndrome          |
| Addictions/Abuse  | Fever*     | Bursitis  | Chronic Fatigue* | Neuropathy            |

Other (Please Explain): \_\_\_\_\_

*\*Hot Stone Treatment is Contraindicated for these conditions.*

Are you currently under a doctor's care for any medical condition? \_\_\_\_\_

Are you pregnant\*? \_\_\_\_\_ If so, how many weeks \_\_\_\_\_

Are you presently taking any prescription medications? If so, please list: \_\_\_\_\_

\_\_\_\_\_

Have you ever broken bones or undergone surgery? If so, please describe: \_\_\_\_\_

\_\_\_\_\_

Please list your present symptoms and/or areas of pain or discomfort: \_\_\_\_\_

\_\_\_\_\_

In case of an emergency please notify:

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

I have completed this form to the best of my knowledge. I understand that massage therapy services are designed to be a health aid and are in no way to take the place of a doctor's care when it is indicated. Information exchanged during my massage therapy session is educational in nature and is intended to help me become more familiar and conscious of my own health status and is to be used at my discretion. Nourish Day Spa is not responsible for the aggravation of my conditions which were not disclosed to the therapist. Please inform your therapist immediately if you experience any discomfort (i.e. room temperature, pressure, technique, music, etc.) so that your experience with us is a positive one.

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