AT VANCOUVER MASSAGE

Confidential Client Health Information for Massage Therapy

Name_____

e-mail address_____May I communicate with you via email __yes __no

Address_____City_____State_____

Zip Code_____Home Phone_____Work/cell Phone_____

DOB_____Occupation_____

Employer_____Referred by_____

Purpose for today's massage: __Relaxation __Injury __Experiencing pain __Prevention

Have you ever had a massage before?_____ How often?_____

Date of last massage?_____(approximately)

Conversation

It is your choice to talk to your therapist or remain quiet throughout your session. Your therapist will follow your lead and mirror your decision. There are times that your therapist may need to speak to you to have you reposition, request feedback on pressure, or explain a finding. Please check below the following that apply.

__Enjoy Silence during my massage __Slight chatting is okay __Enjoy sharing with therapist throughout massage

Please check if you have any of the following conditions:

__Recent Injury	__Diabetes	__Low Back Pain
__Recent Illness	__Kidney Problems	__Mid Back Pain
__Chronic Illness	__Recent Surgery	__Neck Pain
__Cancer, explain	__Pregnancy	__Scoliosis
__Phlebitis	__Wear Contact Lenses	__Arthritis
__High/Low Blood Pressure	__Skin Conditions	
__Allergies to Scents/Oils	__Blood Clots	
__Varicose Veins	__Other_____	

Please explain above_____

List any medications you are taking:_____

FOR THE PURPOSE OF YOUR MASSAGE TODAY PLEASE DESCRIBE YOUR CURRENT PROBLEM AND HOW IT BEGAN:

_____

_____

To avoid being charged for missed appointments, buy signing below, I agree to give 24 hours cancellation notice, barring any emergencies, should I need to cancel or change any future appointments.

I certify that the above medical information is correct.

_____ _____

Date Client Signature