

Bloomington Massage & Bodyworks, Inc

Name: _____ Date of Birth: _____

Address: _____ Phone: _____

Veteran?: Yes/No

Email Address _____

Occupation/Employer: _____

Emergency contact (name & Phone): _____

Who referred you? (Internet, Flyer, Friend, Gift Certificate, Facebook, Other)
Print your friends name here _____ or Other _____

Have you ever had a professional massage before? If so what kind of massage, and did you have good results?

Where do you generally hold tension?

Are you currently under the care of a doctor, chiropractor, or other care provider?

Please describe any recent medical conditions, accidents, or operations:

Please list any medications you are currently using to treat yourself:

How much water do you drink in a day?

What kind, and how much exercise do you get in one week?

Please circle any of the following which apply to you

- | | | |
|-------------------------|---------------------|------------------------|
| Allergies | Bruising | Circulation problem |
| Dizziness | Headaches | Joint pain |
| Pregnancy | Skin condition | Ulcers |
| Arthritis | Cancer | Depression |
| Edema | High blood pressure | Kidneys |
| Respiratory problems | Sleep difficulty | Diabetes |
| Back pain | Caffeine | Liver |
| Epilepsy | HIV | Wearing contact lenses |
| Sciatica | Tendonitis | Numbness |
| Blood clots | Cigarettes | Other _____ |
| Heart condition | Intestinal problems | _____ |
| Excess sitting/standing | TMJD | _____ |

I am aware that massage is therapeutic for stress, tension, pain, and general circulation improvement, and is not a replacement for necessary medical treatment. I will not ask the therapist to do anything that is against his/her professional or personal code of conduct. The information on this form is current and correct to the best of my knowledge. I have read, understand, and agree to the policies of Bloomington Massage & Bodyworks, Inc.

Signature: _____ Date: _____

Date	Session length	Fee	Comments

