

# PURE SPA

## MESSAGE CLIENT INFORMATION FORM

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ HOME

\_\_\_\_\_ CELL

EMAIL \_\_\_\_\_

BIRTHDAY \_\_\_\_/\_\_\_\_/\_\_\_\_

OCCUPATION \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

DID SOMEONE REFER YOU TO US? IF SO, WHOM? \_\_\_\_\_

I, \_\_\_\_\_, understand that massage therapy is provided for stress reduction, relief from muscular tension or spasm, or for increasing circulation and energy flow.

I understand that the massage therapist does not diagnose illness, disease, or any other physical or mental disorder. As such, the massage therapist does not prescribe medical treatment or pharmaceuticals, nor does he/she perform any spinal manipulations. I understand that massage therapy is not a substitute for medical examinations and/or diagnosis and that it is recommended that I see a physician for any physical ailment that I might have.

Because a massage therapist must be aware of existing conditions, I have stated all my known medical conditions on the reverse side of this form, and take it upon myself to keep the massage therapist updated on my physical health.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

If under 18 years of age, a parent's signature is required. \_\_\_\_\_

**\*Massage Clients, please continue onto the back for remainder of form.\***

**COMPLETING THIS FORM WILL HELP THE THERAPIST PLAN YOUR COURSE OF TREATMENT**

PRIMARY PROBLEM/REASON FOR THIS APPOINTMENT \_\_\_\_\_  
 \_\_\_\_\_

IF RELATED TO ACCIDENT / INJURY: DATE OF INCIDENT \_\_\_\_\_

DESCRIBE INCIDENT BRIEFLY \_\_\_\_\_

WHAT MAKES CONDITION BETTER? \_\_\_\_\_ WORSE? \_\_\_\_\_

HOW WOULD YOU DESCRIBE YOUR STRESS LEVEL? \_\_\_\_\_

EXERCISE: TYPE \_\_\_\_\_ HOW OFTEN \_\_\_\_\_

HAVE YOU HAD PROFESSIONAL MASSAGE BEFORE? YES NO

WHAT RESULTS DO YOU WANT FROM YOUR MASSAGE SESSION? \_\_\_\_\_

MEDICATIONS, REMEDIES AND/OR SUPPLEMENTS YOU ARE TAKING \_\_\_\_\_  
 \_\_\_\_\_

DO YOU WEAR CONTACT LENSES? YES NO

Please check any of the following conditions that you are currently experiencing or have recently experienced:

**MUSCULOSKELETAL**

- \_\_\_ arthritis
- \_\_\_ osteoporosis
- \_\_\_ TMJ dysfunction
- \_\_\_ sciatica
- \_\_\_ hernated disk
- \_\_\_ bursitis
- \_\_\_ tendonitis
- \_\_\_ other \_\_\_\_\_

ALLERGIES \_\_\_\_\_  
 \_\_\_\_\_

SENSITIVITY TO LOTIONS/  
 OILS \_\_\_\_\_

SKIN CONDITION \_\_\_\_\_  
 \_\_\_\_\_

**CIRCULATORY**

- \_\_\_ varicose veins
- \_\_\_ blood clots
- \_\_\_ high blood pressure
- \_\_\_ low blood pressure
- \_\_\_ phlebitis
- \_\_\_ arteriosclerosis
- \_\_\_ aneurysm
- \_\_\_ easy bruising
- \_\_\_ chest pain
- \_\_\_ heart condition \_\_\_\_\_
- \_\_\_ other \_\_\_\_\_

DIGESTIVE ISSUES \_\_\_\_\_  
 \_\_\_\_\_

ARE YOU PREGNANT? \_\_\_\_\_

**MISCELLANEOUS**

- \_\_\_ cold hands/feet
- \_\_\_ numb hands/feet
- \_\_\_ headaches/migraine headaches
- \_\_\_ fatigue
- \_\_\_ insomnia
- \_\_\_ sinusitis
- \_\_\_ dizziness/fainting
- \_\_\_ cold or flu
- \_\_\_ shortness of breath
- \_\_\_ severe depression
- \_\_\_ diabetes
- \_\_\_ cancer
- \_\_\_ hepatitis
- \_\_\_ nerve pain
- \_\_\_ recent internal bleeding
- \_\_\_ recent surgery \_\_\_\_\_
- \_\_\_ other \_\_\_\_\_

Please indicate with an "X" on the drawings to the right your areas of discomfort, especially areas of tension.

Is there any part of the body you prefer not to be massaged? (i.e. head, feet, etc) \_\_\_\_\_

