Add your logo

Massage Therapy Client

Massage Therapy Client Questionnaire

Date:
11/12/2019
Name:
Phoebe Buffay
D.O.B:
09/06/1964
Gender:
F
S.S. #
123-45-6789
M.R. #:
857942
Address:
7223 E. Main Street
Fairfax, VA 22434
Home Phone:
703-555-5309
Work Phone:
202-555-5309
Occupation:
Administrative
Referred by:
Monica Geller
Have you had a professional massage prior to this visit?
Yes
Reason for therapeutic massage (major complaint):
Lower back problems
What, if any, treatment have you had for this condition?
Massages in past
Is there anything that makes your condition worse?
Lifting

Please note if you are currently being treated by any of the following practitioners:
Medical Doctor (MD) or Nurse

Emergency Contact Name & Relation to You:
Rachel Green - Friend
Phone:
540-555-1258
Desired Massage Pressure:
Moderate

Sleeping Position:
- [ ] **Stomach**
- [ ] **Back**
- [x] **R side**
- [ ] **L side**

# of Pillows
2

Please select all of the following conditions that currently apply to YOUR health:
- [x] **Arthritis**
- [ ] **Cancer**
- [ ] **Edema**
- [ ] **Skin Rash**
- [x] **Back Pain**
- [ ] **Stiff Neck**
- [ ] **Asthma**
- [ ] **Sinusitis**
- [ ] **Stroke**
- [x] **Neck Pain**
- [ ] **Bursitis**
- [x] **Chronic Fatigue**
- [ ] **Poor Circulation**
- [ ] **Varicose Veins**
- [ ] **Emphysema**
- [ ] **Allergies**
- [ ] **Sciatica**
- [ ] **Pregnancy**
- [ ] **HIV/AIDS**
- [ ] **Cramps**
- [ ] **High Blood Pressure**
- [ ] **Phlebitis**
- [ ] **Hematoma**
- [ ] **Headaches**
- [ ] **Leg Pain**
- [ ] **Diabetes**
- [ ] **Dizziness**
- [ ] **Constipation**
- [ ] **Abuse Survivor**

What you can expect in a professional massage:

A safe and professional environment and approach; to be treated with respect

To have privacy while undressing & dressing; to be draped except for the area receiving work

To be accepted without judgment; to be able to stop the therapy at any time

To be listened to carefully ; to talk or not to talk

To have control over how much pressure is used

I understand that my massage will be given by a licensed therapist. If I have any specific medical conditions or symptoms, I have cleared receiving a massage with my primary care provider.

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Practitioner (NP)

Medical Dr Marcus Welby

Release:

Yes

Chiropractor

None at this time

Release:

Yes

Psychiatrist

N/A

Release:

Yes

Have you had any surgery?

No

(If yes, please explain.)

N/A

Client Signature: