Heather's Holistic Health
Massage Form

Name_____

Address_____ State_____ Zip code_____

Cell Phone_____ Home Phone_____ Work Phone_____

Email Address_____

Would you prefer EMAIL_____ or TEXT_____ appointment confirmations? Both_____

Occupation_____ Date of Birth_____

Medications_____

How did you hear about us? (Check One)
Our website___ Sign___ Brochure___ Event___ Women's Journal___ Google___ Facebook_____
Twitter ___Yelp ___Newsletter ___Family/Friend____ Gift Certificate___ Other____ Referral____

Name of Referral_____

In case of EMERGENCY, please notify_____ Phone_____

1. Do you prefer quiet massage or to engage in conversation? 1) (Circle one) Quiet Talking
2. Have you ever had massage therapy? 2) Yes/No_____
3. What specific areas would you like to have worked on? 3) _____
4. Are there any areas that should be avoided? 4) Yes/No_____
5. Have you ever had surgery? 5) Yes/No_____
- Date/type of last surgery?_____
6. Are you under a doctor's care? 6) Yes/No_____
7. Do you see a Chiropractor? 7) Yes/No_____
8. Do you have headaches? 8) Yes/No_____
9. Do you grind your teeth at night? 9) Yes/No_____
10. Do you suffer from allergies? 10) Yes/No_____
11. Do you have any open sores, rashes? 11) Yes/No_____
12. Do you have chronic back pain? 12) Yes/No_____
13. Do you have varicose veins? 13) Yes/No_____
14. Are you pregnant? 14) Yes/No_____Weeks?_____
15. Do you have arthritis? 15) Yes/No_____
16. Do you have blood clots? 16) Yes/No_____
17. Do you have heart problems? 17) Yes/No_____
18. Do you have diabetes? 18) Yes/No_____
19. Do you have HIV or AIDS? 19) Yes/No_____
20. Have you ever broken any bones? 20) Yes/No_____
21. Have you suffered any sprains or strained muscles? 21) Yes/No_____
22. Do you smoke? 22) Yes/No_____
23. Do you have asthma? 23) Yes/No_____
24. Do you suffer from TMJ (jaw pain)? 24) Yes/No_____
25. Do you have any long-term illnesses? 25) Yes/No_____
26. Are you sensitive to any oils or scents? 26) Yes/No_____

I have completed this information form to the best of my knowledge. I understand the massage services are designed to be a health aid and are in no way to take the place of a doctor's care. Information exchanged during any massage session is educational in nature and is intended to help the therapist to become more familiar and conscious of your health status. All information is private and confidential.

Signature_____ **Date**_____

Parent/Guardian Signature _____ **Date**_____