

Massage & Bodywork Questionnaire

Name _____ Occupation _____ Age _____ Male Female

Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided.

Have you ever experienced a professional massage or bodywork session? Yes No How recently? _____

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|--|----------------|---|----------------|
| Do you frequently suffer from stress? | Yes ___ No ___ | Have you had any broken bone in the past two years? | Yes ___ No ___ |
| Do you have diabetes? | Yes ___ No ___ | Have you been in an accident or suffer any injuries in the past two years? | Yes ___ No ___ |
| Do you experience frequent headaches? | Yes ___ No ___ | Do you have any soreness in a specific area? If "yes" please specify: | Yes ___ No ___ |
| Are you pregnant? | Yes ___ No ___ | | |
| Do you suffer from arthritis? | Yes ___ No ___ | | |
| Are you wearing contact lenses? | Yes ___ No ___ | Do you have cardiac or circulatory problems? | Yes ___ No ___ |
| Are you wearing dentures? | Yes ___ No ___ | Do you suffer from back pain? | Yes ___ No ___ |
| Do you have high blood pressure? | Yes ___ No ___ | Do you have numbness or stabbing pains anywhere? | Yes ___ No ___ |
| If "yes" to previous question, are you taking medication for this? | Yes ___ No ___ | Are you sensitive to touch or pressure in any area? | Yes ___ No ___ |
| Do you suffer from epilepsy or seizures? | Yes ___ No ___ | Have you ever had surgery? Explain below. | Yes ___ No ___ |
| Do you suffer from joint swelling? | Yes ___ No ___ | Do you have any other medical conditions or are you taking any medications I should know about? | |
| Do you have varicose veins? | Yes ___ No ___ | | |
| Do you have any contagious disease? | Yes ___ No ___ | | |
| Do you have osteoporosis? | Yes ___ No ___ | | |
| Do you have allergies? | Yes ___ No ___ | | |
| Do you bruise easily? | Yes ___ No ___ | | |

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage or bodywork should not be construed as a substitute for any mental or physical ailment that I am aware of. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnosed, prescribe, or treat any physical or mental illness and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioners' part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

Client Signature _____ Date _____

Consent to Treatment of a Minor: By signature below, I hereby authorize Rain Salon & Spa and its practitioners to administer massage/bodywork or somatic therapy techniques to my child or dependent as they deem necessary.

Signature of Parent/Guardian _____ Date _____