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**Massage Therapy Wellness Chart**

Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex  M  F Marital Status  S  M  D  W Age\_\_\_\_\_\_\_\_Birthday \_\_\_/\_\_\_/\_\_\_\_\_

Emergency Contact Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Welcome to Massage Suite (the “company”). We’re pleased you have chosen our massage therapy service. The company only employs professional Massage Therapists. If requested, the clinic administrator will provide a proof of your therapist’s license/permit (where applicable). Additionally, if you have any questions, comments or complaints about your Massage Therapist, please bring it to the attention of the management immediately. Male and female genitalia and women’s breasts will not be exposed or massaged at any time. Modest draping will be used during the session. If during the session you feel uncomfortable, simply ask your therapist to end the session.

It is your responsibility to inform the therapist of any pre-existing conditions, limitations or specific sensitivities and to inform your therapist if you feel any discomfort during the session. If you do experience discomfort, please ask the therapist to adjust the level of pressure or heat. You understand and voluntarily accept any risk of which you have been advised about associated with your massage, or from any use of the company’s facilities, and hereby release Massage Suite (including its employees, practitioners, agents, and insurers) from all liability for any injury, including, without limitation, personal bodily or mental injury, economic loss or any damage to you resulting there from. You further hereby release all of the foregoing personnel and entities from all liability arising from any such injury or damage resulting from your failure to disclose any pre-existing condition, limitation, or specific sensitivities, or your failure to inform your therapist of any discomfort during the session. Your therapist may determine that it is unsafe for you to proceed with or continue a therapeutic session due to health related concerns. In this event you may be required to provide Massage Suite with a physician’s medical release prior to continuing treatment. Day of cancelations will result in a $25 cancelation fee. If you need to cancel an appointment please give our office a 24 hour notice.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please help us ensure a safe and comfortable massage experience by providing the following information**. *Check all that apply and explain below:*

|  |  |  |
| --- | --- | --- |
| Blood Clots |  High/low blood pressure |  Osteoporosis |
| Cancer |  History of strokes |  Pain(joint, muscle, disc, nerve) |
| Diabetes |  Immune system deficiencies |  Rheumatoid arthritis |
| Fibromyalgia/Lupus |  Infections |  Thyroid issues |
|  Headaches |  Insomnia |  Varicose veins |
|  Heart problems |  Osteoarthritis |  |

Explanation(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List and explains: Surgeries, injuries, illnesses\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies (scents, nuts, ect.):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sensitive to heat?** Yes  No **Pregnant?** Yes No**Contacts?** Yes No

Skin Conditions (bruises, rashes, acne?):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you experience any of the following in that past three months: pain, numbness, tingling, swelling fatigue, etc? If yes, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List daily activities that are inhibited by your current conditions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Customize Your Massage Experience…**

*Massage Suite values your privacy and will not sell or release your e-mail address for use outside our clinic. Your e-mail will only be used to communicate clinic related information to you. You can request to be removed from the e-mail list at any time.*

1. **How did you hear about Massage Suite?**

|  |  |
| --- | --- |
|  Online |  Mint Magazine/Money Pages |
|  Newspaper/Magazine Ad |  Member Referral\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Drove by |
|  |  |

1. **Is this location convenient for you?**

|  |  |  |
| --- | --- | --- |
|  Yes | No | Please Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **What are your current massage needs?** *(Check all that apply)*

|  |  |  |  |
| --- | --- | --- | --- |
| Health/Wellness | Relaxation | Stress | Injury |
| Pregnancy | Headache | Pain | Other\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |

1. **Have you experienced massage therapy before?**

YesNo, this is my first professional massage

1. **How often do you get massage?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Weekly |  Every two weeks |  Monthly |  Every other month | |
|  Quarterly |  2 times a year |  1 time a year | |  |

1. **Do you get massages as often as you would like?**

|  |  |
| --- | --- |
|  Yes | No |

1. **How often would you like to get a massage?**

|  |  |  |  |
| --- | --- | --- | --- |
|  Weekly |  Every two weeks |  Monthly |  Other\_\_\_\_\_\_\_\_\_\_ |

1. **What prevents you from getting massages as often as you like?**

|  |  |  |  |
| --- | --- | --- | --- |
|  Time/Availability |  Cost |  Quality of therapist |  Other\_\_\_\_\_\_\_\_\_\_ |

1. **What days and times would be more convenient for you?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Days: | Mon | Tue | Wed | Thu | Fri | Sat | Sun | AM | PM |

1. **Are you enrolled in a Section 125 Health Savings Account (HSA), Flexible Spending Accounts (FSA), or Health Reimbursement Account (HRA)?**

|  |  |
| --- | --- |
|  Yes | No |

1. **Would you like us to e-mail or text message your appointment confirmations?**

|  |  |
| --- | --- |
|  Yes | No |