



Miss/Mrs/Mr Name: _____

Address: _____

DOB: ___/___/_____ Gender: M / F

Referred by: _____

Mobile Phone: _____ Home: _____

Email Address: _____

Occupation: _____ Current Doctor: _____

Emergency contact & phone number: _____

How did you hear about us? (circle) Google/Friend/ Family/Doctor/Other (who?) _____

Past medical history: _____

Medications (prescribed & natural): _____

Reason for visit today: _____

Hobbies/Exercise: _____

Description of pain: _____

Amount of pain (1-10) _____ What aggravates pain? _____

What helps? _____

Circle any of the conditions that apply to you today –

- | | | | | |
|-------------------|---------------------|----------------|----------|-----------------|
| Allergies/Asthma | Contagious Diseases | Skin Problems | Bruising | Contact lenses |
| Drugs/Medication | Headaches/Migraines | Heart Disease | Pain | Pregnant |
| Numbness/Tingling | Breathing issues | Recent Illness | Surgery | Spinal Problems |

Do you experience any difficulty when lying down for a period of time? Y / N

*This massage may include face, hands, chest, stomach, back, buttocks, arms, legs and feet depending on the area of the problem. Please circle on the picture, any areas you would prefer not to have massaged.

Massage Practitioners are not qualified to diagnose or treat illness or diseases. Massage does not take the place of medical treatment where needed. If you are in doubt please contact your doctor.

Signed: _____

Date: ___/___/_____

PLEASE NOTE THAT A MISSED APPOINTMENT WITHOUT A MINIMUM OF 2 HOURS NOTICE WILL BE CHARGED FOR.