

Rub Away the Day Massage

Confidential Client History

Please complete this questionnaire. Your answers will help you to achieve
MAXIMUM benefits from your massage sessions.

Name _____ Date _____

Address _____

City AND Zip _____

Daytime Phone _____ Cell Phone _____

Occupation _____

DOB _____ Referred By _____

E-mail address _____

Date of last professional massage? _____ Frequency? _____

- Please prioritize the areas of your body you prefer to have massaged:

- Are you pregnant? _____
- Can a member of the Rub Away the Day Massage Team follow up with you about your experience? Yes! No
- Did you know that consuming 30 fruits, veggies, and berries a day can dramatically improve your over health including Allergies, diabetes, cholesterol, inflammation and more? Can we contact you to tell you more about Juice Plus? Yes! No
- Please list *recent major* illnesses, injuries and surgeries:

Illnesses: _____

Injuries: _____

Surgeries: _____

- What is the most important quality you look for in a Massage Therapist or in a Spa? What will prevent you from returning?

(OVER)

Musculoskeletal:

- ___ Bone or joint disease
- ___ Arthritis
- ___ Sprains/strains
- ___ Low Back Pain
- ___ Mid/Upper Back Pain
- ___ Hip/leg pain
- ___ Neck Pain
- ___ Shoulder/arm pain
- ___ Headaches
- ___ Jaw Pain/Clicking/Popping
- ___ Clenching or grinding teeth
- ___ Spasms/cramps
- ___ Spinal curvature
- ___ Fibromyalgia
- ___ Other_____

Respiratory/Circulatory:

- ___ High or low Blood Pressure
- ___ Breathing Difficulties
- ___ Varicose Veins
- ___ Blood Clots
- ___ Other_____

Skin:

- ___ Rashes
- ___ Bruise easily
- ___ Sensitive Skin
- ___ Hives Allergies
- ___ Other_____

Neurological:

- ___ Numbness/Tingling
- ___ Chronic Pain
- ___ Dizziness
- ___ Other_____

Other:

- ___ Allergies_____
- ___ Sinus Problems
- ___ Cancer/tumors_____
- ___ Diabetes
- ___ Other_____

Infectious diseases:

Please read and sign below:

I understand that massage therapists do not diagnose illness, disease or any physical or mental disorder, nor do they prescribe medical or chiropractic treatment, or pharmaceuticals. It is in no way intended to be a substitute for professional health care.

I have stated all medical conditions of which I am aware of and I will update therapist of any changes in my health status.

I also understand that this is a non-sexual massage. Any attempt to suggest or solicit sexual favors will result in an immediate end to the session and possible police involvement or any other action the therapist deems necessary.

Client Signature:

Date _____